

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213552040

1.) CORPORATION NAME:

**HRI Bridge Company (USED IN VA BY: HRI, Inc.)**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1812652**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1750 WEST COLLEGE AVENUE  
SUITE 1

CITY/ST/ZIP: STATE COLLEGE, PA 16801

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN R KULKA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	1750 WEST COLLEGE AVENUE		
	SUITE #1		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		

NAME:	JEFFREY E REEDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1750 WEST COLLEGE AVENUE		
	SUITE #1		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		

NAME:	ANTHONY L. MARTINO II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	163 MADISON AVENUE		
	SUITE 500		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07960		

NAME:	GEOERGES AUSSEIL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	163 MADISON AVENUE		
	SUITE 500		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07960		

NAME:	JEAN-LUC BEGASSE DE DHAEM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	163 MADISON AVENUE		
	SUITE 500		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07960		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIC SERRI CHAIRMAN 250 PLEMMONS ROAD DUNCAN, SC 29334	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. GLENN SHAWL VICE PRESIDENT 1750 W. COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENT L. WIBLE VICE PRESIDENT 1750 W. COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	INOUK MONCORGE VICE PRESIDENT 1750 W. COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT STROUSE VICE PRESIDENT 1750 W. COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN TIBBOTT ASST SECRETARY 1750 W. COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHA ALBERTSON ASST SECRETARY 1750 W. COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RON BARGER ASST SECRETARY 1750 W. COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS BROKENSHERE ASST SECRETARY 1750 W. COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY CALDWELL ASST SECRETARY 1750 W. COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN MCCORMICK ASST SECRETARY 1750 W. COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:                   TIMOTHY L. WALDMAN TITLE:                   ASST SECRETARY ADDRESS:               1750 W. COLLEGE AVENUE CITY/ST/ZIP/CO:       STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME:                   DEBRA A. KEIRN TITLE:                   ASST SECRETARY ADDRESS:               1750 W. COLLEGE AVENUE CITY/ST/ZIP/CO:       STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME:                   DAVID W. BRESSLER TITLE:                   ASST SECRETARY ADDRESS:               1750 W. COLLEGE AVENUE CITY/ST/ZIP/CO:       STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME:                   TED GEDDIS TITLE:                   ASST. VP ADDRESS:               1750 W. COLLEGE AVENUE CITY/ST/ZIP/CO:       STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
<b>I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.</b>		
/s/ ANTHONY L. MARTINO II _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANTHONY L. MARTINO II, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	12/17/2012 _____ DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		