

1.) CORPORATION NAME:

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

DUE DATE: **1/31/2014**

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

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:	JEFFEREY C LAMB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1750 WEST COLLEGE AVENUE		
	SUITE 1		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		

NAME:	THOMAS P FOUSE	<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:	TED GEDDIS	<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:	INOUK MONCORGE	<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:	ANDREW E ORD	<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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY E REEDER VICE PRESIDENT 1750 WEST COLLEGE AVENUE SUITE 1 STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. GLENN SHAWL VICE PRESIDENT 1750 WEST COLLEGE AVENUE SUITE 1 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 WEST COLLEGE AVENUE SUITE 1 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 WEST COLLEGE AVENUE SUITE 1 STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN M BERBEC ASST SEC 1750 WEST COLLEGE AVENUE SUITE 1 STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP A CARPER ASST SEC 1750 WEST COLLEGE AVENUE SUITE 1 STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY S HELMS JR ASST SEC 1750 WEST COLLEGE AVENUE SUITE 1 STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON M LEMIRE ASST SEC 1750 WEST COLLEGE AVENUE SUITE 1 STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN E SCHAFER ASST SEC 1750 WEST COLLEGE AVE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHA ALBERTSON ASST SEC 1750 WEST COLLEGE AVENUE SUITE 1 STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: RON BARGER TITLE: ASST SEC ADDRESS: 1750 WEST COLLEGE AVENUE SUITE 1 CITY/ST/ZIP/CO: STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DEBRA A. KEIRN TITLE: ASST SEC ADDRESS: 1750 WEST COLLEGE AVENUE SUITE 1 CITY/ST/ZIP/CO: STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANTHONY L. MARTINO II TITLE: SECRETARY ADDRESS: 163 MADISON AVENUE SUITE 500 CITY/ST/ZIP/CO: MORRISTOWN, NJ 07960	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KEVIN MCCORMICK TITLE: ASST SEC ADDRESS: 1750 WEST COLLEGE AVENUE SUITE 1 CITY/ST/ZIP/CO: STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BRIAN TIBBOTT TITLE: ASST SEC ADDRESS: 1750 WEST COLLEGE AVENUE SUITE 1 CITY/ST/ZIP/CO: STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TIMOTHY L. WALDMAN TITLE: ASST SEC ADDRESS: 1750 WEST COLLEGE AVENUE SUITE 1 CITY/ST/ZIP/CO: STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JEAN-LUC BEGASSE DE DHAEM TITLE: DIRECTOR ADDRESS: 163 MADISON AVENUE SUITE 500 CITY/ST/ZIP/CO: MORRISTOWN, NJ 07960	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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.	
/s/ ANTHONY L. MARTINO II SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANTHONY L. MARTINO II, SECRETARY PRINTED NAME AND CORPORATE TITLE
11/27/2013 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.	