

1.) CORPORATION NAME:

O'Brien's Response Management Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1819327**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

LA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2929 E IMPERIAL HIGHWAY SUITE 290

CITY/ST/ZIP: BREA, CA 92821-

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: ERIC POLITTE
TITLE: PRESIDENT
ADDRESS: 11200 RICHMOND AVENUE SUITE 400
CITY/ST/ZIP/CO: HOUSTON, TX 77082-

OFFICER

DIRECTOR

NAME: MATTHEW CENAC
TITLE: VP/TREASURER
ADDRESS: 2200 ELLER DRIVE
PO BOX 13038
CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33316-

OFFICER

DIRECTOR

NAME: MAYTE CABADA
TITLE: SECRETARY
ADDRESS: 2200 ELLER DRIVE
PO BOX 13038
CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33316-

OFFICER

DIRECTOR

NAME: COURTNEY BENSON
TITLE: EVP
ADDRESS: 2000 OLD SPANISH TRAIL
SUITE 210
CITY/ST/ZIP/CO: SLIDELL, LA 70458-

OFFICER

DIRECTOR

NAME: ROBERT STEPHEN BRANHAM
TITLE: EVP
ADDRESS: 2200 ELLER DRIVE
PO BOX 13038
CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33316-

OFFICER

DIRECTOR

NAME: CHRISTOPHER GREGORY TITLE: EVP ADDRESS: 103 MORGAN LANE SUITE 103 CITY/ST/ZIP/CO: PLAINSBORO, NJ 08536-3339	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN MCHUGH TITLE: EVP ADDRESS: 6620 CYPRESSWOOD DRIVE SUITE 200 CITY/ST/ZIP/CO: SPRING, TX 77379-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DANIEL SOBIESKI TITLE: EVP ADDRESS: 2929 E. IMPERIAL HIGHWAY SUITE 290 CITY/ST/ZIP/CO: BREA, CA 92821-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: K TIM PERKINS TITLE: CEO ADDRESS: 2929 E IMPERIAL HIGHWAY SUITE 290 CITY/ST/ZIP/CO: BREA, CA 92821-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ERIC FABRIKANT TITLE: DIRECTOR ADDRESS: 2200 ELLER DRIVE PO BOX 13038 CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33316-	<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/ MAYTE CABADA	MAYTE CABADA, SECRETARY	3/30/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		