

1.) CORPORATION NAME:

**HBC Solutions, Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER 16TH FL  
1111 E MAIN ST**

SCC ID NO: **F1919200**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	1,000
COMB	99,000
PREFER	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10877 WILSHIRE BLVD 18TH FL

CITY/ST/ZIP: LOS ANGELES, CA 90024

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.

<p>NAME: CHARLES VOGT TITLE: PRESIDENT ADDRESS: 9800 S. Meridian Boulevard Suite 300 CITY/ST/ZIP/CO: Englewood, CO 80112</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DANIEL E ABRAMS TITLE: VICE PRESIDENT ADDRESS: 10877 WILSHIRE BLVD 18TH FL CITY/ST/ZIP/CO: LOS ANGELES, CA 90024</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SHAHRIYAR RAHMATI TITLE: TREASURER ADDRESS: 10877 WILSHIRE BLVD. 18TH FLOOR CITY/ST/ZIP/CO: LOS ANGELES, CA 90024</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GREGORY DIAMOND TITLE: CORP CNSL/SEC ADDRESS: 9800 S. MERIDIAN BLVD., SUITE 300 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CARL VOGEL TITLE: CHAIRMAN ADDRESS: 9800 S. MERIDIAN BLVD., SUITE 300 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80012</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL POHL TITLE: DIRECTOR ADDRESS: 9800 S. MERIDIAN BLVD., SUITE 300 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RYAN WALD TITLE: DIRECTOR ADDRESS: 10877 WILSHIRE BLVD. 18TH FLOOR CITY/ST/ZIP/CO: LOS ANGELES, CA 90024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BRYCE WINKLE TITLE: DIRECTOR ADDRESS: 10877 WILSHIRE BLVD CITY/ST/ZIP/CO: 18TH FLOOR LOS ANGELES, CA 90024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ DANIEL E ABRAMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL E ABRAMS, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/29/2014 DATE
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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.