#### 2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001695

Entity Name: HFACC, INC.

## Current Principal Place of Business:

300 CADMAN PLAZA W. 11TH FL. BROOKLYN, NY 11201

# Current Mailing Address:

300 CADMAN PLAZA W. 11TH FL. BROOKLYN, NY 11201 US

## FEI Number: 47-3588210

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

Electronic Signature of Registered Agent

### Officer/Director Detail :

	Title	PRESIDENT, CHAIRMAN OF THE	Title	SECRETARY
	Name	BOARD PODESTA, JOHN	Name	STEVENS, ERIN
	Address	300 CADMAN PLAZA W. 11TH FL.	Address	300 CADMAN PLAZA W. 11TH FL.
			City-State-Zip:	BROOKLYN NY 11201
	City-State-Zip:	BROOKLYN NY 11201		
	Title	TREASURER	Title	COO
	Name	VILLARREAL, JOSE	Name	JONES, ELIZABETH "BETH"
	Address	300 CADMAN PLAZA W.	Address City-State-Zip:	300 CADMAN PLAZA W. 11TH FL.
	City-State-Zip:	11TH FL. BROOKLYN NY 11201		BROOKLYN NY 11201
	<b></b> :	DIDECTOD	Title	DIRECTOR
	Title	DIRECTOR	Title Name	DIRECTOR OLIVIER, CHARLES III
	Name	TRUEBLOOD, KIMBERLY PANICEK		
		TRUEBLOOD, KIMBERLY PANICEK 300 CADMAN PLAZA W.	Name	OLIVIER, CHARLES III
	Name	TRUEBLOOD, KIMBERLY PANICEK	Name	OLIVIER, CHARLES III 300 CADMAN PLAZA W.
	Name Address	TRUEBLOOD, KIMBERLY PANICEK 300 CADMAN PLAZA W. 11TH FL.	Name Address	OLIVIER, CHARLES III 300 CADMAN PLAZA W. 11TH FL.
	Name Address	TRUEBLOOD, KIMBERLY PANICEK 300 CADMAN PLAZA W. 11TH FL.	Name Address	OLIVIER, CHARLES III 300 CADMAN PLAZA W. 11TH FL.
	Name Address City-State-Zip:	TRUEBLOOD, KIMBERLY PANICEK 300 CADMAN PLAZA W. 11TH FL. BROOKLYN NY 11201	Name Address	OLIVIER, CHARLES III 300 CADMAN PLAZA W. 11TH FL.
	Name Address City-State-Zip: Title	TRUEBLOOD, KIMBERLY PANICEK 300 CADMAN PLAZA W. 11TH FL. BROOKLYN NY 11201 DIRECTOR	Name Address	OLIVIER, CHARLES III 300 CADMAN PLAZA W. 11TH FL.
	Name Address City-State-Zip: Title Name Address	TRUEBLOOD, KIMBERLY PANICEK 300 CADMAN PLAZA W. 11TH FL. BROOKLYN NY 11201 DIRECTOR LEVINE, DAVID 300 CADMAN PLAZA W.	Name Address	OLIVIER, CHARLES III 300 CADMAN PLAZA W. 11TH FL.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH "BETH" JONES

COO

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date