

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF FLORIDA

Case number (if known)

Chapter

11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name ProHCM Holdings, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 81-1839838

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

100 Stonewall Blvd, Suite 101
Wrentham, MA 02093

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Norfolk

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor **ProHCM Holdings, Inc.**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☐ No☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	Centro Group, LLC	Relationship	Affiliate
District	US Bankruptcy Court, Southern District of FL Miami Division	When	10/23/18
		Case number, if known	18-23155-AJC

Debtor **ProHCM Holdings, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **ProHCM Holdings, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 23, 2018**
MM / DD / YYYY**X /s/ Joseph Markland**

Signature of authorized representative of debtor

Joseph Markland

Printed name

Title **CEO****18. Signature of attorney****X /s/ Bradley S. Shraiberg**

Signature of attorney for debtor

Date **October 23, 2018**

MM / DD / YYYY

Bradley S. Shraiberg 121622

Printed name

Shraiberg Landau & Page PA

Firm name

**2385 NW Executive Center Dr
Suite 300
Boca Raton, FL 33431**

Number, Street, City, State & ZIP Code

Contact phone **561 443 0800**Email address **bss@slp.law****121622 FL**

Bar number and State

Fill in this information to identify the case:

Debtor name **ProHCM Holdings, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration

Statement of Financial Affairs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 23, 2018****X**

Signature of individual signing on behalf of debtor

Joseph Markland

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **ProHCM Holdings, Inc.**
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF FLORIDA**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204
Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders
12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Apex Oil Company Inc 8235 Forsyth Blvd. Suite 400 Clayton, MO 63105			Disputed			\$110,313.84
BCC Engineering Inc 6401 SW 87 Avenue Suite 200 Miami, FL 33173			Disputed			\$159,479.69
BCC Engineering Inc 6401 SW 87 Avenue Suite 200 Miami, FL 33173			Disputed			\$156,017.72
Bswift LLC 10 S. Riverside Plaza Suite 1100 Chicago, IL 60606-3708						\$149,274.17
Center Point Terminal Company LLC 8235 Forsyth Blvd. Suite 400 Clayton, MO 63105			Disputed			\$99,329.51
Marathas Barrow Weatherhead Lent One Financial Center, 15th Floor Boston, MA 02111						\$30,816.68
McClone Insurance Grp. 150 Main Street Menesha, WI 54952						\$80,000.00

Debtor **ProHCM Holdings, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
McLane Middleton PO Box 326 Manchester, NH 03105-0326						\$86,861.54
Northgate Benefits Group 384 Bel Marin Keys, Suite 135 Novato, CA 94949			Disputed			\$34,763.00
Petroleum Fuel & Terminal Company 8235 Forsyth Blvd. Suite 400 Clayton, MO 63105			Disputed			\$41,676.58
Pozo Diaz, & Pozo, P.A. 9260 Sunset Drive #119 Miami, FL 33173			Disputed			\$66,162.90
Pozo Diaz, & Pozo, P.A. 9260 Sunset Drive #119 Miami, FL 33173			Disputed			\$65,315.41
Scheppers International Truck Center 1722 Southridge Drive Jefferson City, MO 65109			Disputed			\$55,822.10
St. Albans Global Management, LLP 8235 Forsyth Blvd. Suite 400 Clayton, MO 63105			Disputed			\$94,465.72
St. Albans Global Management, LLP 8235 Forsyth Blvd. Suite 400 Clayton, MO 63105			Disputed			\$94,431.10
Trinidad Resort & Club LLC 5780 Shanty Creek Road Bellaire, MI 49615			Disputed			\$61,825.34
Trinidad Resort & Club LLC 5780 Shanty Creek Road Bellaire, MI 49615			Disputed			\$57,278.77

Debtor **ProHCM Holdings, Inc.**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
United Way of Miami-Dade, Inc. 3250 SW 3rd Avenue The Ansin Building Miami, FL 33129			Disputed			\$105,657.61
Visualscape, Inc. 17801 NW 137th Avenue Miami, FL 33018			Disputed			\$31,828.62
Visualscape, Inc. 17801 NW 137th Avenue Miami, FL 33018			Disputed			\$29,635.59

Fill in this information to identify the case:Debtor name ProHCM Holdings, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 4,284,714.00**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 4,284,714.00**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 538,000.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 3,700,898.83**4. Total liabilities**
Lines 2 + 3a + 3b\$ 4,238,898.83

Fill in this information to identify the case:Debtor name ProHCM Holdings, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$300.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Bank of America - Pro HoldingChecking5731\$105,190.003.2. Rockland TrustBusiness Checking4256\$4,686.003.3. Rockland TrustBusiness Checking2209\$517.003.4. Rockland TrustBusiness Checking3181\$15,409.003.5. Bank of America - Pro HoldingSavings6247\$100.003.6. ProSential Group - Balance negative \$93,692Checking\$0.00

Debtor ProHCM Holdings, Inc.
Name

Case number (If known) _____

		Valuation method used for current value	Current value of debtor's interest
14.	Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:		
15.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity:	% of ownership	
15.1.	Centro Group, LLC - 100% membership interest	100 %	\$0.00

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software			
	Office Equipment	\$30,000.00		\$30,000.00
	Software	\$300,000.00		\$300,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$330,000.00

Debtor ProHCM Holdings, Inc.
Name

Case number (If known) _____

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Trademark	\$13,000.00		\$13,000.00
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations Organizational Costs	\$40,000.00		\$40,000.00
	Customer Lists & Contracts	\$3,200,000.00		\$3,253,000.00

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$3,306,000.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

Debtor ProHCM Holdings, Inc.
Name

Case number (If known) _____

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest71. **Notes receivable**

Description (include name of obligor)

	64,000.00	-	0.00	=	
Centro Group, LLC	Total face amount		doubtful or uncollectible amount		\$64,000.00

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit has been filed)**75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** Examples: Season tickets, country club membership78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$64,000.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor **ProHCM Holdings, Inc.**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$158,233.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$22,950.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$403,531.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$330,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$3,306,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$64,000.00	
91. Total. Add lines 80 through 90 for each column	\$4,284,714.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$4,284,714.00

Fill in this information to identify the case:Debtor name **ProHCM Holdings, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	250 Mechanics, LLC <small>Creditor's Name</small> 1 Main Street, Apt 7B Brooklyn, NY 11201 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Secured Loan Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$247,500.00	Unknown

2.2	Mountain Meadows Foundation, Inc. <small>Creditor's Name</small> 1 Main Street, Apt 7B Brooklyn, NY 11201 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Secured Loan Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$290,500.00	Unknown
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Debtor **ProHCM Holdings, Inc.**

Case number (if know)

Name

☒ No☐ Contingent☐ Yes. Specify each creditor,
including this creditor and its relative
priority.☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$538,000.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity

Fill in this information to identify the case:Debtor name **ProHCM Holdings, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Florida Department of Revenue P.O. Box 6668 Tallahassee, FL 32314-6668 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	Unknown
2.2	Priority creditor's name and mailing address Internal Revenue Service Attn: Special Procedures P.O. Box 34045 Stop 572 Jacksonville, FL 32202 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	Unknown

Debtor	Name	Case number (if known)		
2.3	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address Office of Attorney General State of Florida The Capitol PL-01 Tallahassee, FL 32399-1050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address SEC Headquarters 100 F Street, NE Washington, DC 20549	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address Securities and Exchange Commission 801 Brickell Ave., Suite 1800 Miami, FL 33131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	ProHCM Holdings, Inc.	Case number (if known)	
	Name		

2.7	Priority creditor's name and mailing address United States Attorney General's Office US Department of Justice 950 Pennsylvania Avenue Washington, DC 20530-0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim: For Information Purposes	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.8	Priority creditor's name and mailing address US Attorney Southern District of Florida 99 N.E. 4th Street Miami, FL 33132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim: For Information Purposes	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address AD Astra Communications 3385 Franklin Avenue Miami, FL 33133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00
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3.2	Nonpriority creditor's name and mailing address ADP (Client) PO Box 842875 Boston, MA 02284-2875 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$739.71
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3.3	Nonpriority creditor's name and mailing address Affordable Housing Network LLC 5000 T-Rex Avenue Suite 150 Boca Raton, FL 33431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,944.97
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Debtor	ProHCM Holdings, Inc. Name	Case number (if known)
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3.4	Nonpriority creditor's name and mailing address Affordable Housing Network LLC 5000 T-Rex Avenue Suite 150 Boca Raton, FL 33431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,391.26
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3.5	Nonpriority creditor's name and mailing address Apex Oil Company Inc 8235 Forsyth Blvd. Suite 400 Clayton, MO 63105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110,313.84
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3.6	Nonpriority creditor's name and mailing address Barlop Business Systems 6508 NW 82nd Avenue Miami, FL 33166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.7	Nonpriority creditor's name and mailing address BCC Engineering Inc 6401 SW 87 Avenue Suite 200 Miami, FL 33173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159,479.69
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3.8	Nonpriority creditor's name and mailing address BCC Engineering Inc 6401 SW 87 Avenue Suite 200 Miami, FL 33173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156,017.72
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3.9	Nonpriority creditor's name and mailing address Bswift LLC 10 S. Riverside Plaza Suite 1100 Chicago, IL 60606-3708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149,274.17
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3.10	Nonpriority creditor's name and mailing address Burguer Gourmet USA LLC 6355 NW 36th Street Suite 401 Virginia Gardens, FL 33166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,443.08
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3.11	Nonpriority creditor's name and mailing address Cabelleros LLC 4649 Ponce De Leon Blvd. Suite 404 Coral Gables, FL 33146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
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3.12	Nonpriority creditor's name and mailing address CE North America LLC 6950 NW 77th Court Miami, FL 33166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,268.59
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3.13	Nonpriority creditor's name and mailing address Center Point Terminal Company llc 8235 Forsyth Blvd. Suite 400 Clayton, MO 63105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99,329.51
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3.14	Nonpriority creditor's name and mailing address Centro Group, LLC 2103 Coral Way, Suite 604 Miami, FL 33145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.15	Nonpriority creditor's name and mailing address ClickDimension 5901-B Peachtree Dunwoody Road Suite 500 Atlanta, GA 30328 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,188.70
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3.16	Nonpriority creditor's name and mailing address Columbia Gas (101) PO Box 742514 Cincinnati, OH 45274-2514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,572.73
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3.17	Nonpriority creditor's name and mailing address Comcast P.O. Box 69 Newark, NJ 07101-0840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$788.27
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3.18	Nonpriority creditor's name and mailing address Crystal Rock 6750 Discovery Blvd. Mabletown, GA 30126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$460.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address Discovery Benefits PO Box 9528 Fargo, ND 58106-9528 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,574.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address Doolittle Trailer MFG Inc. 2455 Doolittle Drive Holts Summit, MO 65043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,355.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address Doolittle Trailer MFG Inc. 2455 Doolittle Drive Holts Summit, MO 65043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,909.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address Doolittle Trailer MFG Inc. 2455 Doolittle Drive Holts Summit, MO 65043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,338.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address Edelstein & Company LLP 160 Federal Street 9th Floor Boston, MA 02110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,834.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address Employee Navigator 7979 Old Georgetown Road Suite 300 Bethesda, MD 20814 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,783.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	Nonpriority creditor's name and mailing address Employment Screening Services Dept. K PO Box 830520 Birmingham, AL 35283 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$577.40
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3.26	Nonpriority creditor's name and mailing address Enjet LLC 8235 Forsyth Blvd. Suite 400 Clayton, MO 63105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,939.81
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3.27	Nonpriority creditor's name and mailing address FDG Brickell II, LLC 900 Soouth Miami Avenue Miami, FL 33130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,697.12
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3.28	Nonpriority creditor's name and mailing address Four Oaks Corp. Inc 850 Franklin Street Suite 4 Wrentham, MA 02093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,837.00
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3.29	Nonpriority creditor's name and mailing address Fund Street LLC 3390 Mary Street # 305 Miami, FL 33133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,792.73
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3.30	Nonpriority creditor's name and mailing address Fund Street LLC 3390 Mary Street # 305 Miami, FL 33133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,228.98
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3.31	Nonpriority creditor's name and mailing address GetGo, Inc. (LogMeln) PO Box 50264 Los Angeles, CA 90074-0264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$577.00
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3.32	Nonpriority creditor's name and mailing address GOCO inc 16825 Northchase Dr. Suite 100 Houston, TX 77060 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address Golf Car & Utility Vehicle Distributors, 13691 SW 145 Court Miami, FL 33186 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,234.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address Golf Car & Utility Vehicle Distributors, 13691 SW 145 Court Miami, FL 33186 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,430.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address HR 360, Inc. 50 Washington Street Suite 411 Norwalk, CT 06854 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,263.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	Nonpriority creditor's name and mailing address HR Pros, LLC 314 Crowfield Drive Liberty, SC 29657 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address HRC Total Solutions 111 Charles Street Manchester, MA 03101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,122.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	Nonpriority creditor's name and mailing address incorporate.com PO Box 13397 Philadelphia, PA 19101-3397 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$235.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	Nonpriority creditor's name and mailing address Infinisource Benefit Services 15 E. Washington Street PO Box 889 Coldwater, MI 49036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00
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3.40	Nonpriority creditor's name and mailing address Jeff Markland 61 North Summer Street Adams, MA 01220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
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3.41	Nonpriority creditor's name and mailing address Jeff Markland 61 North Summer Street Adams, MA 01220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,213.64
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3.42	Nonpriority creditor's name and mailing address Joe Markland 17 High Ridge Circle Franklin, MA 02038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,700.00
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3.43	Nonpriority creditor's name and mailing address Kimpton Hotel 2021 Broadway Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,611.28
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3.44	Nonpriority creditor's name and mailing address Kronos Incorporated 900 Chelmsford St. Lowell, MA 01851 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,915.75
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3.45	Nonpriority creditor's name and mailing address Kronos Incorporated 900 Chelmsford St. Lowell, MA 01851 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,489.85
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Debtor	ProHCM Holdings, Inc. Name _____	Case number (if known) _____
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3.46	Nonpriority creditor's name and mailing address LaRocca and Associates Inc. 3696 North Federal Highway Suite 202 Fort Lauderdale, FL 33308 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$80.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address LEAF PO Box 742647 Cincinnati, OH 45274-2647 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$435.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address Liquor Management LLC 201 Alhambra Circle Suite 702 Coral Gables, FL 33134 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,308.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address Liquor Management LLC 201 Alhambra Circle Suite 702 Coral Gables, FL 33134 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27,384.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address Marathas Barrow Weatherhead Lent One Financial Center, 15th Floor Boston, MA 02111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,816.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address Marketo Inc Dept 2068 PO Box 122068 Dallas, TX 75312-2068 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,653.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address McClone Insurance Grp. 150 Main Street Menesha, WI 54952 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$80,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	ProHCM Holdings, Inc. Name _____	Case number (if known) _____
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3.53	Nonpriority creditor's name and mailing address McLane Middleton PO Box 326 Manchester, NH 03105-0326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$86,861.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address Miami Bridge Youth and Family Services, 2810 N.W. So. River Drive Miami, FL 33125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,382.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address Miami Bridge Youth and Family Services, 2810 N.W. So. River Drive Miami, FL 33125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,264.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address Midtown Doral 2015 Inc 7761 NW 107th Avenue Unit 201-202 Doral, FL 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,763.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address Mino Capossela 1 Main Street, Apt 7B Brooklyn, NY 11201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,275,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note Payable - Convertible Notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address Morgan White Inc. PO Box 14067 Jackson, MS 39236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,027.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address National Grid (Unit 1) PO Box 11737 Newark, NJ 07101-4737 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,552.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	ProHCM Holdings, Inc. Name _____	Case number (if known) _____
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3.60	Nonpriority creditor's name and mailing address National Grid (Unit 2) PO Box 11737 Newark, NJ 07101-4737 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$514.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	Nonpriority creditor's name and mailing address Northgate Benefits Group 384 Bel Marin Keys, Suite 135 Novato, CA 94949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34,763.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address One Park Financial LLC 3390 Mary Street # 305 Miami, FL 33133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,276.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address PARMAC 3675 SW 24th Street Suite 200 Miami, FL 33145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27,638.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address PARMAC 3675 SW 24th Street Suite 200 Miami, FL 33145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,644.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	Nonpriority creditor's name and mailing address Pavento, Ratcliffe, Renzi & Co. 391 East Central Street] Unit 8A Franklin, MA 02038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,050.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address Payroll Tax Management 1932 E. Deere Ave, Suite 200 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,178.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	ProHCM Holdings, Inc. Name _____	Case number (if known) _____
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3.67	Nonpriority creditor's name and mailing address Petroleum Fuel & Terminal Company 8235 Forsyth Blvd. Suite 400 Clayton, MO 63105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,676.58
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3.68	Nonpriority creditor's name and mailing address Pozo Diaz, & Pozo, P.A. 9260 Sunset Drive #119 Miami, FL 33173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,162.90
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3.69	Nonpriority creditor's name and mailing address Pozo Diaz, & Pozo, P.A. 9260 Sunset Drive #119 Miami, FL 33173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,315.41
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3.70	Nonpriority creditor's name and mailing address Principal Financial Group 711 High St. Des Moines, IA 50392 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,829.89
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3.71	Nonpriority creditor's name and mailing address Propel Aviation Sales & Services, LLC 14300 SW 129th Street Suite #101 Miami, FL 33186 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,761.61
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3.72	Nonpriority creditor's name and mailing address Propel Aviation Sales & Services, LLC 14300 SW 129th Street Suite #101 Miami, FL 33186 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,164.46
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3.73	Nonpriority creditor's name and mailing address Scheppers International Truck Center 1722 Southridge Drive Jefferson City, MO 65109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,822.10
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Debtor	ProHCM Holdings, Inc. Name	Case number (if known) _____
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3.74	Nonpriority creditor's name and mailing address St. Albans Global Management, LLP 8235 Forsyth Blvd. Suite 400 Clayton, MO 63105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,465.72
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3.75	Nonpriority creditor's name and mailing address St. Albans Global Management, LLP 8235 Forsyth Blvd. Suite 400 Clayton, MO 63105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,431.10
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3.76	Nonpriority creditor's name and mailing address Steven M. White, LLC Civic Center Office Plaza 25882 Orchard Lake Rd. Suite 203 Farmington Hills, MI 48336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$849.50
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3.77	Nonpriority creditor's name and mailing address The Hanover Insurance Group, Inc. 440 Lincoln Street Worcester, MA 01653-0002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,248.91
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3.78	Nonpriority creditor's name and mailing address Tierra Nueva Fine Cocoa, LLC 1130 NW 159 Drive Miami, FL 33169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,606.41
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3.79	Nonpriority creditor's name and mailing address Tierra Nueva Technologies 1130 NW 159 Drive Miami, FL 33169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,894.19
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3.80	Nonpriority creditor's name and mailing address Tierra Nueva Technologies 1130 NW 159 Drive Miami, FL 33169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,585.82
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Debtor	ProHCM Holdings, Inc.		Case number (if known)
	Name		
3.81	Nonpriority creditor's name and mailing address TLC Janitorial, Inc. 50 Industrial Road Wrentham, MA 02062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$610.00
3.82	Nonpriority creditor's name and mailing address TPX Communications/DSCI PO Box 984001 Boston, MA 02298-4001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,187.05
3.83	Nonpriority creditor's name and mailing address Trinidad Resort & Club LLC 5780 Shanty Creek Road Bellaire, MI 49615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,278.77
3.84	Nonpriority creditor's name and mailing address Trinidad Resort & Club LLC 5780 Shanty Creek Road Bellaire, MI 49615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,825.34
3.85	Nonpriority creditor's name and mailing address United Way of Miami-Dade, Inc. 3250 SW 3rd Avenue The Ansin Building Miami, FL 33129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105,657.61
3.86	Nonpriority creditor's name and mailing address US Bank Equipment 1 Taylor Ct Ringoes, NJ 08551 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.87	Nonpriority creditor's name and mailing address Verizon 888-520-0980 PO Box 28003 Lehigh Valley, PA 28003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.49

Debtor	ProHCM Holdings, Inc. Name _____	Case number (if known) _____
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3.88	Nonpriority creditor's name and mailing address Visualscape, Inc. 17801 NW 137th Avenue Miami, FL 33018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,635.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.89	Nonpriority creditor's name and mailing address Visualscape, Inc. 17801 NW 137th Avenue Miami, FL 33018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31,828.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.90	Nonpriority creditor's name and mailing address Voices For Children Foundation, Inc. 601 NW 1st Court, 10th Floor Miami, FL 33136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,172.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.91	Nonpriority creditor's name and mailing address Voices For Children Foundation, Inc. 601 NW 1st Court, 10th Floor Miami, FL 33136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,943.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.92	Nonpriority creditor's name and mailing address W.B. Mason PO Box 981101 Boston, MA 02298-1101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$389.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.93	Nonpriority creditor's name and mailing address Withers Transfer and Storage of Coral Ga 11431 NW 107 Street Suite 1 Miami, FL 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,368.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.94	Nonpriority creditor's name and mailing address Withers Transfer and Storage of Coral Ga 11431 NW 107 Street Suite 1 Miami, FL 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,720.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **ProHCM Holdings, Inc.**

Case number (if known) _____

Name

3.95 Nonpriority creditor's name and mailing address **Withers Transfer and Storage of Coral Ga**
11431 NW 107 Street
Suite 1
Miami, FL 33178
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$15,928.84**
☐ Contingent
☐ Unliquidated
☒ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.96 Nonpriority creditor's name and mailing address **Withers Transfer and Storage of Coral Ga**
11431 NW 107 Street
Suite 1
Miami, FL 33178
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$13,753.23**
☐ Contingent
☐ Unliquidated
☒ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 3,700,898.83
5c.	\$ 3,700,898.83

Fill in this information to identify the case:Debtor name **ProHCM Holdings, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Software License**State the term remaining **Month by Month**

List the contract number of any government contract _____

**Babble Way
2150 South 1300 East, Suite 500
Salt Lake City, UT 84106**2.2. State what the contract or lease is for and the nature of the debtor's interest **Software lease hosting client information**State the term remaining **Month by Month Contract**

List the contract number of any government contract _____

**Bswift LLC
10 S. Riverside Plaza
Suite 1100
Chicago, IL 60606-3708**2.3. State what the contract or lease is for and the nature of the debtor's interest **Software lease hosting client information**State the term remaining **Month by Month Contract**

List the contract number of any government contract _____

**Employee Navigator
7979 Old Georgetown Road, Suite 300
Bethesda, MD 20814**2.4. State what the contract or lease is for and the nature of the debtor's interest **Rent Contract**State the term remaining **Expires 9/1/2021**

List the contract number of any government contract _____

**Four Oaks
850 Franklin Street, Suite 4
Wrentham, MA 02093**

Debtor 1 **ProHCM Holdings, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Software Lease**

State the term remaining **Month to Month**

List the contract number of any government contract

**Go To Meeting
PO Box 50264
Los Angeles, CA 90074-0264**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Copier Equipment Lease**

State the term remaining

List the contract number of any government contract

**Towne
170 Kerry Place
Norwood, MA 02062**

Fill in this information to identify the case:Debtor name ProHCM Holdings, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name ProHCM Holdings, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 1/01/2018 to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)\$2,683,782.00**For prior year:**From 1/01/2017 to 12/31/2017☒ Operating a business☐ Other _____\$4,168,804.00**For year before that:**From 1/01/2016 to 12/31/2016☒ Operating a business☐ Other _____\$2,675,787.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **ProHCM Holdings, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Aetna 151 Farmington Ave Hartford, CT 06156	9/10/18, 9/5/2018	\$95,036.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.2. Capital One PO Box 30285 Salt Lake City, UT 84130-0285	7/20/18, 8/20/18, 9/21/18	\$12,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.3. Four Oaks Corp. Inc 850 Franklin Street Suite 4 Wrentham, MA 02093	9/14/18	\$11,674.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.4. Kimpton Hotel 2021 Broadway Nashville, TN 37203	9/21/18	\$30,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.5. Kronos Incorporated 900 Chelmsford St. Lowell, MA 01851	10/4/18	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.6. Marathas Barrow Weatherhead Lent One Financial Center, 15th Floor Boston, MA 02111	9/21/18	\$15,025.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.7. McClone Insurance Grp. 150 Main Street Menesha, WI 54952	7/18/18, 9/5/18	\$32,372.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.8. McLane Middleton PO Box 326 Manchester, NH 03105-0326	8/6/18, 9/21/18	\$45,090.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____

Debtor **ProHCM Holdings, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. Nadine Rastelli	7/18/18, 7/23/18, 9/1/18	\$7,582.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.10 PARMAC 3675 SW 24th Street Suite 200 Miami, FL 33145	10/15/18	\$6,895.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.11 Simple Pay, LLC 2103 Coral Way, Suite 604 Miami, FL 33145	8/14/18, 8/24/18	\$50,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.12 ADP PO Box 842875 Boston, MA 02284-2875	8/17/18	\$30,738.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.13 Payroll Tax Management 1932 E. Deere Ave, Suite 200 Santa Ana, CA 92705	8/22/18	\$18,418.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.14 Shraiberg Landau & Page PA 2385 NW Executive Center Dr Suite 300 Boca Raton, FL 33431	9/24/18, 10/15/18	\$65,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.15 Glass Ratner 1400 Centrepark Blvd, Suite 860 West Palm Beach, FL 33401	10/17/18	\$5,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____

Debtor **ProHCM Holdings, Inc.**

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Mino Capossela 1 Main Street, Apt 7B Brooklyn, NY 11201	9/18/18	\$10,750.00	Interest Expense
4.2. Don Rowe 20 Jersey St. Marblehead, MA 01945	10/16/17, 10/18/17, 10/31/17, 11/20/17, 12/01/17, 12/01/17, 12/15/17, 12/29/17, 1/16/18, 1/31/18, 2/15/18	\$180,000.00	Distribution and Guarantee Payments
4.3. Jeff Loucks 15 Rivercrest Drive St. Catherines Ontario, Canada L2T 2P3	7/11/18, 7/18/18, 7/31/18, 8/16/18, 8/20/18, 9/17/18, 6/22/18, 9/04/18	\$53,000.00	Guarantee Payment; Legal and Professional Fees
4.4. Jeff Markland 61 North Summer Street Adams, MA 01220	10/17/17, 11/13/17, 12/16/17, 1/13/18, 2/27/18, 3/21/18, 4/18/18, 6/05/18, 9/04/18, 5/25/18, 6/27/18, 7/18/18	\$30,000.00	Interest Expenses; Accounts Payment/Bill Payments

Debtor **ProHCM Holdings, Inc.**

Case number (if known) _____

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.5. Jerry Markland 76 Susan Drive Tolland, CT 06084	10/31/17, 11/15/17, 12/1/17, 12/1/17, 12/15/17, 1/2/18, 1/2/18, 1/16/18, 1/31/18, 3/1/18, 3/15/18, 3/30/18, 4/18/18, 4/30/18, 5/16/18, 6/1/18, 6/27/18, 7/5/18, 7/18/18, 7/31/18, 8/16/18, 9/17/18	\$120,000.00	Legal and Professional Fees
4.6. Joe Markland 17 High Ridge Circle Franklin, MA 02038	10/16/17, 10/16/17, 10/18/17, 11/9/17, 11/13/17, 11/16/17, 11/30/17, 11/30/17, 12/16/17, 12/18/17, 12/26/17, 1/8/18, 1/24/18, 2/6/18, 2/20/18, 3/5/18, 3/19/18, 4/3/18, 4/13/18, 4/19/18, 4/25/18, 4/30/18, 6/14/18, 7/31/18, 9/13/18, 10/27/18	\$210,300.00	Guarantee payments
4.7. Mountain Meadows Foundation 1 Main Street, Apt 7B Brooklyn, NY 11201	8/1/18, 9/1/18, 10/1/18	\$7,500.00	Interest Expense

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Debtor **ProHCM Holdings, Inc.**

Case number (if known)

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **ProHCM Holdings, Inc.**

Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Shraiberg Landau & Page PA 2385 NW Executive Center Dr Suite 300 Boca Raton, FL 33431	Attorney Fees	9/24/18, 10/15/18	\$65,000.00
	Email or website address bss@slp.law			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information

Debtor **ProHCM Holdings, Inc.**

Case number (if known)

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Debtor **ProHCM Holdings, Inc.**

Case number (if known)

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed EIN: 45-3506613 From-To
25.1. Centro Group, LLC 2103 Coral Way, Suite 604 Miami, FL 33145			

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Pavento, Ratcliffe, Renzi & Co., LLC 391 East Central Street, Unit 8a Franklin, MA 02038	
26a.2. Katie Tully 80 Red Fox Run Wrentham, MA 02093	
26a.3. Juan Martinez 10200 SW 102nd Ave Miami, FL 33176	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

Debtor **ProHCM Holdings, Inc.**

Case number (if known)

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Iqra Sajid 13741 SW 154th Street Miami, FL 33177	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Mino Capossela	1 Main Street, Apt 7B Brooklyn, NY 11201	Chairman	
Name	Address	Position and nature of any interest	% of interest, if any
Joseph Markland	17 High Ridge Circle Franklin, MA 02038	CEO	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Daniel McAlone	445 North Taylor Ave Saint Louis, MO 63122		
Name	Address	Position and nature of any interest	Period during which position or interest was held
Christopher Green	8501 SW 126th Terrace Miami, FL 33156		

Debtor **ProHCM Holdings, Inc.**

Case number (if known) _____

Name	Address	Position and nature of any interest	Period during which position or interest was held
Don Rowe	20 Jersey St. Marblehead, MA 01945		

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 23, 2018**

/s/ Joseph Markland

Signature of individual signing on behalf of the debtor

Joseph Markland

Printed name

Position or relationship to debtor **CEO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
Southern District of Florida**

In re **ProHCM Holdings, Inc.**

Debtor(s)

Case No.
Chapter**11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
ABG Holdings, LLC 3755 82nd St., Suite 100 Indianapolis, IN 46240			0.5%
Cavalier Florida Trust 210Valencia Ave 2nd Floor Coral Gables, FL 33134			0.8%
Chris Damian 450 Gerona Ave Coral Gables, FL 33146			0.1%
Christopher Green 8501 SW 126th Terrace Miami, FL 33156			17.8%
Daniel McAlone 445 North Taylor Ave Saint Louis, MO 63122			16.6%
David Topping 10 Edgewater Dr. Coral Gables, FL 33133			0.5%
Fallon Benefits Group, Inc. 3060 Peachtree Rd., Suite 1650 Atlanta, GA 30305			1.0%
James A. Scott & Son, Inc. PO Box 10489 Lynchburg, VA 24506			1.0%
Joseph D. Markland 17 High Ridge Circle Franklin, MA 02038			28.9%
Leyva Capital, LLC 325 North Kirkwood Rd., Ste 300 Kirkwood, MO 63122			3.8%
Mango Moon, LLC 1040Alfonso Ave Coral Gables, FL 33146			1.0%

In re: **ProHCM Holdings, Inc.**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Manuel Kadre 5345 Hammock Drive Coral Gables, FL 33156			2.0%
Marvin S. Heyman 13 Oak Street Florence, MA 01062			1.0%
Michael Davis 198 Westledge Rd. West Simsbury, CT 06092			0.5%
Moran Capital Partners, LLC 225 NE Mizner Blvd, Suite 700 Boca Raton, FL 33432			1.0%
QB12, LLC 1 Main Street, Apt 7B Brooklyn, NY 11201			18.1%
Rick Kahle 717 North Lake Pointe Drive Lees Summit, MO 64064			0.6%
Snowflake, LLC 133 Sevilla Ave Coral Gables, FL 33134			3.2%
Stonegate, LLC 210 Valencia Ave, 2nd Floor Coral Gables, FL 33134			0.6%
The Swindle Family Trust u/t/a dated 2/7/2014 3701 Hunter Valley Drive Columbia, MO 65203-0889			1.0%

In re: **ProHCM Holdings, Inc.**

Debtor(s)

Case No. _____

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **October 23, 2018**Signature **/s/ Joseph Markland**
Joseph Markland

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Southern District of Florida**

In re **ProHCM Holdings, Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **October 23, 2018**

/s/ Joseph Markland
Joseph Markland/CEO
Signer/Title

250 Mechanics, LLC
1 Main Street, Apt 7B
Brooklyn, NY 11201

AD Astra Communications
3385 Franklin Avenue
Miami, FL 33133

ADP (Client)
PO Box 842875
Boston, MA 02284-2875

Affordable Housing Network LLC
5000 T-Rex Avenue
Suite 150
Boca Raton, FL 33431

Apex Oil Company Inc
8235 Forsyth Blvd.
Suite 400
Clayton, MO 63105

Babble Way
2150 South 1300 East, Suite 500
Salt Lake City, UT 84106

Barlop Business Systems
6508 NW 82nd Avenue
Miami, FL 33166

BCC Engineering Inc
6401 SW 87 Avenue
Suite 200
Miami, FL 33173

Bswift LLC
10 S. Riverside Plaza
Suite 1100
Chicago, IL 60606-3708

Burguer Gourmet USA LLC
6355 NW 36th Street
Suite 401
Virginia Gardens, FL 33166

Cabelleros LLC
4649 Ponce De Leon Blvd.
Suite 404
Coral Gables, FL 33146

CE North America LLC
6950 NW 77th Court
Miami, FL 33166

Center Point Terminal Company llc
8235 Forsyth Blvd.
Suite 400
Clayton, MO 63105

Centro Group, LLC
2103 Coral Way, Suite 604
Miami, FL 33145

ClickDimension
5901-B Peachtree Dunwoody Road
Suite 500
Atlanta, GA 30328

Columbia Gas (101)
PO Box 742514
Cincinnati, OH 45274-2514

Comcast
P.O. Box 69
Newark, NJ 07101-0840

Crystal Rock
6750 Discovery Blvd.
Mabletown, GA 30126

Discovery Benefits
PO Box 9528
Fargo, ND 58106-9528

Doolittle Trailer MFG Inc.
2455 Doolittle Drive
Holts Summit, MO 65043

Edelstein & Company LLP
160 Federal Street
9th Floor
Boston, MA 02110

Employee Navigator
7979 Old Georgetown Road
Suite 300
Bethesda, MD 20814

Employee Navigator
7979 Old Georgetown Road, Suite 300
Bethesda, MD 20814

Employment Screening Services
Dept. K PO Box 830520
Birmingham, AL 35283

Enjet LLC
8235 Forsyth Blvd.
Suite 400
Clayton, MO 63105

FDG Brickell II, LLC
900 Soouth Miami Avenue
Miami, FL 33130

Florida Department of Revenue
P.O. Box 6668
Tallahassee, FL 32314-6668

Four Oaks
850 Franklin Street, Suite 4
Wrentham, MA 02093

Four Oaks Corp. Inc
850 Franklin Street
Suite 4
Wrentham, MA 02093

Fund Street LLC
3390 Mary Street
305
Miami, FL 33133

GetGo, Inc. (LogMeIn)
PO Box 50264
Los Angeles, CA 90074-0264

Go To Meeting
PO Box 50264
Los Angeles, CA 90074-0264

GOCO inc
16825 Northchase Dr.
Suite 100
Houston, TX 77060

Golf Car & Utility Vehicle Distributors,
13691 SW 145 Court
Miami, FL 33186

HR 360, Inc.
50 Washington Street
Suite 411
Norwalk, CT 06854

HR Pros, LLC
314 Crowfield Drive
Liberty, SC 29657

HRC Total Solutions
111 Charles Street
Manchester, MA 03101

incorporate.com
PO Box 13397
Philadelphia, PA 19101-3397

Infinisource Benefit Services
15 E. Washington Street
PO Box 889
Coldwater, MI 49036

Internal Revenue Service
Attn: Special Procedures
P.O. Box 34045
Stop 572
Jacksonville, FL 32202

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19114

Jeff Markland
61 North Summer Street
Adams, MA 01220

Joe Markland
17 High Ridge Circle
Franklin, MA 02038

Kimpton Hotel
2021 Broadway
Nashville, TN 37203

Kronos Incorporated
900 Chelmsford St.
Lowell, MA 01851

LaRocca and Associates Inc.
3696 North Federal Highway
Suite 202
Fort Lauderdale, FL 33308

LEAF
PO Box 742647
Cincinnati, OH 45274-2647

Liquor Management LLC
201 Alhambra Circle
Suite 702
Coral Gables, FL 33134

Marathas Barrow Weatherhead Lent
One Financial Center, 15th Floor
Boston, MA 02111

Marketo Inc Dept 2068
PO Box 122068
Dallas, TX 75312-2068

McClone Insurance Grp.
150 Main Street
Menesha, WI 54952

McLane Middleton
PO Box 326
Manchester, NH 03105-0326

Miami Bridge Youth and Family Services,
2810 N.W. So. River Drive
Miami, FL 33125

Midtown Doral 2015 Inc
7761 NW 107th Avenue
Unit 201-202
Doral, FL 33178

Mino Capossela
1 Main Street, Apt 7B
Brooklyn, NY 11201

Morgan White Inc.
PO Box 14067
Jackson, MS 39236

Mountain Meadows Foundation, Inc.
1 Main Street, Apt 7B
Brooklyn, NY 11201

National Grid (Unit 1)
PO Box 11737
Newark, NJ 07101-4737

National Grid (Unit 2)
PO Box 11737
Newark, NJ 07101-4737

Northgate Benefits Group
384 Bel Marin Keys, Suite 135
Novato, CA 94949

Office of Attorney General
State of Florida
The Capitol PL-01
Tallahassee, FL 32399-1050

One Park Financial LLC
3390 Mary Street
305
Miami, FL 33133

PARMAC
3675 SW 24th Street
Suite 200
Miami, FL 33145

Pavento, Ratcliffe, Renzi & Co.
391 East Central Street]
Unit 8A
Franklin, MA 02038

Payroll Tax Management
1932 E. Deere Ave, Suite 200
Santa Ana, CA 92705

Petroleum Fuel & Terminal Company
8235 Forsyth Blvd.
Suite 400
Clayton, MO 63105

Pozo Diaz, & Pozo, P.A.
9260 Sunset Drive #119
Miami, FL 33173

Principal Financial Group
711 High St.
Des Moines, IA 50392

Propel Aviation Sales & Services, LLC
14300 SW 129th Street
Suite #101
Miami, FL 33186

Scheppers International Truck Center
1722 Southridge Drive
Jefferson City, MO 65109

SEC Headquarters
100 F Street, NE
Washington, DC 20549

Securities and Exchange Commission
801 Brickell Ave., Suite 1800
Miami, FL 33131

St. Albans Global Management, LLP
8235 Forsyth Blvd.
Suite 400
Clayton, MO 63105

Steven M. White, LLC
Civic Center Office Plaza
25882 Orchard Lake Rd.
Suite 203
Farmington Hills, MI 48336

The Hanover Insurance Group, Inc.
440 Lincoln Street
Worcester, MA 01653-0002

Tierra Nueva Fine Cocoa, LLC
1130 NW 159 Drive
Miami, FL 33169

Tierra Nueva Technologies
1130 NW 159 Drive
Miami, FL 33169

TLC Janitorial, Inc.
50 Industrial Road
Wrentham, MA 02062

Towne
170 Kerry Place
Norwood, MA 02062

TPX Communications/DSCI
PO Box 984001
Boston, MA 02298-4001

Trinidad Resort & Club LLC
5780 Shanty Creek Road
Bellaire, MI 49615

United States Attorney General's Office
US Department of Justice
950 Pennsylvania Avenue
Washington, DC 20530-0001

United Way of Miami-Dade, Inc.
3250 SW 3rd Avenue
The Ansin Building
Miami, FL 33129

US Attorney Southern District of Florida
99 N.E. 4th Street
Miami, FL 33132

US Bank Equipment
1 Taylor Ct
Ringoos, NJ 08551

Verizon 888-520-0980
PO Box 28003
Lehigh Valley, PA 28003

Visualscape, Inc.
17801 NW 137th Avenue
Miami, FL 33018

Voices For Children Foundation, Inc.
601 NW 1st Court, 10th Floor
Miami, FL 33136

W.B. Mason
PO Box 981101
Boston, MA 02298-1101

Withers Transfer and Storage of Coral Ga
11431 NW 107 Street
Suite 1
Miami, FL 33178