2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000001244

Current Principal Place of Business:

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

City-St-Zip:

ONE POST STREET

BABB, GLENETTE E

ONE POST STREET

SAN FRANCISCO, CA 94104

SAN FRANCISCO, CA 94104

SAN FRANCISCO, CA 94104

WAGSTAFF, WILLIAM E

ONE POST STREET

() Delete

() Delete

Entity Name: HEALTH MART SYSTEMS, INC.

FILED Apr 18, 2003 Secretary of State

New Principal Place of Business:

ONE POST ST., 29TH FLOOR ONE POST ST SAN FRANCISCO, CA 94104 ATTN: GLENETTE E. BABB SAN FRANCISCO, CA 94104 **New Mailing Address: Current Mailing Address:** ONE POST ST., 29TH FLOOR ATTN: GLENETTE E. BABB ONE POST ST. - 34TH FLOOR ATTN: GLENETTE E. BABB SAN FRANCISCO, CA 94104 SAN FRANCISCO, CA 94104 FEI Number: 94-3261009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST., #105 TALLAHASSEE, FL 32301 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition TUOMINEN, MARTIN J Name: Name: LINN, STEFAN ONE POST STREET ONE POST STREET Address: Address: City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip: SAN FRANCISCO, CA 94104 VSD Title: Title: () Delete VSD (X) Change () Addition Name: VEACO, KRISTINA Name: VEACO, KRISTINA ONE POST ST., 29TH FLOOR ONE POST ST., 34TH FLOOR Address: Address: SAN FRANCISCO, CA 94104 SAN FRANCISCO, CA 94104 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition PATTERSON, LEONARD M M Name: Name: ONE POST STREET Address: Address: City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip: Title: () Delete Title: () Change () Addition BRENNAN, WILLIAM H Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

Address:

Title:

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

City-St-Zip:

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENETTE E BABB

AS

04/18/2003

() Change () Addition

() Change () Addition

ANNE J SHUFORD, AS ONE POST STREET SAN FRANCISCO, CA 94104

SUSAN PENWAY, AS ONE POST STREET SAN FRANCISCO, CA 94104