

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90008 010 ****70.00

DOCUMENT # F98000002142

1. Entity Name
HERBALIFE FAMILY FOUNDATION CORPORATION

Principal Place of Business 1800 CENTURY PARK EAST LOS ANGELES CA 90067	Mailing Address 1800 CENTURY PARK EAST LOS ANGELES CA 90067-1501
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **95-4487544** Applied For Not Applied For

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: HUGHES, MARK STREET ADDRESS: 1800 CENTURY PARK EAST CITY-ST-ZIP: LOS ANGELES CA 90067	<input type="checkbox"/> Delete	TITLE: Director (Also) NAME: Mark Hughes. STREET ADDRESS: Same as Left CITY-ST-ZIP: Same as Left	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: PAIR, CHRISTOPHER STREET ADDRESS: 1800 CENTURY PARK EAST CITY-ST-ZIP: LOS ANGELES CA 90067	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: GERRITY, TIMOTHY STREET ADDRESS: 1800 CENTURY PARK EAST CITY-ST-ZIP: LOS ANGELES CA 90067	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: HUGHES, MARK STREET ADDRESS: 1800 CENTURY PARK EAST CITY-ST-ZIP: LOS ANGELES CA 90067	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FAULKNER, SAMANTHA STREET ADDRESS: 1800 CENTURY PARK EAST CITY-ST-ZIP: LOS ANGELES CA 90067	<input type="checkbox"/> Delete	TITLE: Vice President (Also) NAME: Samantha Faulkner STREET ADDRESS: Same as Left CITY-ST-ZIP: Same as Left	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: F NAME: [Handwritten] STREET ADDRESS: [Handwritten] CITY-ST-ZIP: [Handwritten]	<input type="checkbox"/> Delete	TITLE: Executive Director NAME: Joan Kardashian STREET ADDRESS: 1800 Century Park East CITY-ST-ZIP: Los Angeles, CA 90067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan Kardashian* **SIGNATURE:** *Joan Kardashian* 1/14/00 (310) 410-9600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #