

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
 03-06-2001 90102 017 ****61.25

DOCUMENT # F98000002142
 1. Entity Name
HERBALIFE FAMILY FOUNDATION CORPORATION

Principal Place of Business Mailing Address
1800 CENTURY PARK EAST **1800 CENTURY PARK EAST**
LOS ANGELES CA 90067 **LOS ANGELES CA 90067**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **95-4487544** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HUGHES, MARK 1800 CENTURY PARK EAST LOS ANGELES CA 90067 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PAIR, CHRISTOPHER 1800 CENTURY PARK EAST LOS ANGELES CA 90067 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GERRITY, TIMOTHY 1800 CENTURY PARK EAST LOS ANGELES CA 90067 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HUGHES, MARK 1800 CENTURY PARK EAST LOS ANGELES CA 90067 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FAULKNER, SAMANTHA 1800 CENTURY PARK EAST LOS ANGELES CA 90067 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Samantha Faulkner (same address) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHRISTOPHER PAIR (same address) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JACK Reynolds (same address) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Conrad Lee Klein (same address) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOAN KARDASHIAN 1800 CENTURY PARK E 14th FL LA CA 90067 |

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: Samantha Faulkner Date: 2-21-01 Daytime Phone #: 310-203-2302

CR2E037 (10/00)