

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90040 037 ***550.00

DOCUMENT # F98000004358

1. Entity Name
HEALTH HERO NETWORK, INC.



Principal Place of Business Mailing Address
 2570 W. EL CAMINO REAL, STE 111 2570 W. EL CAMINO REAL, STE 111
 MOUNTAIN VIEW CA 94040 MOUNTAIN VIEW CA 94040

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 Applied For
77-0207109 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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, STEPHEN J	
STREET ADDRESS	2570 W. EL CAMINO REAL, STE 111	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94040	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, MITCH	
STREET ADDRESS	2570 W EL CAMINO REAL, STE 111	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94040	
TITLE	C	<input type="checkbox"/> Delete
NAME	WAKEMAN, DR. ALBERT	
STREET ADDRESS	152 W. 54TH ST, 33RD FL	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLURG, JAMES E	
STREET ADDRESS	2030 SURFSIDE DRIVE	
CITY-ST-ZIP	LINCOLN NE	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE JR, CHARLES P	
STREET ADDRESS	499 PARK AVE., 15TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, ALLEN D	
STREET ADDRESS	2800 W. HIGGINS ROAD, STE 835	
CITY-ST-ZIP	HOFFMAN ESTATES IL	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin McCURRY	
STREET ADDRESS	2570 W. EL CAMINO REAL, STE 111	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAKEMAN, DR. ALBERT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 9/12/00 Daytime Phone #: 650/559-1072

CR2E034 (5/00)