

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90035 003 ***150.00

DOCUMENT # P97000109176

1. Corporation Name
HCP, INC.

Principal Place of Business
712 US HIGHWAY ONE
SUITE 400
NORTH PALM BEACH FL 33408

Mailing Address
712 US HIGHWAY ONE
SUITE 400
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

65-0804795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COHEN, FRED C
712 US HIGHWAY ONE
SUITE 400
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HUGHES, MEL L
STREET ADDRESS 1755 GRAHAM AVE ST 102
CITY-ST-ZIP HENDERSON NC 27536

TITLE CVPD ☐ DELETE
NAME CROWN, BARRY S
STREET ADDRESS 414 # ORLEANS, #301
CITY-ST-ZIP CHICAGO IL 60610

TITLE VASD ☐ DELETE
NAME CROWN, BEVERLY J
STREET ADDRESS 414 NO ORLEANS, #301
CITY-ST-ZIP CHICAGO IL 60610

TITLE VPSD ☐ DELETE
NAME CROWN, LAURIE J
STREET ADDRESS 414 NO ORLEANS, #301
CITY-ST-ZIP CHICAGO IL 60610

TITLE VASD ☐ DELETE
NAME CROWN, DONNA L
STREET ADDRESS 414 NO ORLEANS #301
CITY-ST-ZIP CHICAGO FL 60610

TITLE VPTD ☐ DELETE
NAME CROWN, BRUCE A
STREET ADDRESS 414 NO ORLEANS #301
CITY-ST-ZIP CHICAGO IL 60610

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/99

Daytime Phone #

(312) 226-6400

CR2E034 (11/98)