

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000109176

1. Entity Name
HCP, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90067 032 ***150.00

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

C0022718



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0804795		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COHEN, FRED C 712 US HIGHWAY ONE SUITE 400 NORTH PALM BEACH FL 33408				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, MEL L		NAME		
STREET ADDRESS	1755 GRAHAM AVE ST 102		STREET ADDRESS		
CITY-ST-ZIP	HENDERSON NC 27536		CITY-ST-ZIP		
TITLE	CVPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWN, BARRY S		NAME		
STREET ADDRESS	414 # ORLEANS, #301		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60610		CITY-ST-ZIP		
TITLE	VASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWN, BEVERLY J		NAME		
STREET ADDRESS	414 NO ORLEANS, #301		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60610		CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWN, LAURIE J		NAME		
STREET ADDRESS	414 NO ORLEANS, #301		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60610		CITY-ST-ZIP		
TITLE	VASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWN, DONNA L		NAME		
STREET ADDRESS	414 NO ORLEANS #301		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO FL 60610		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWN, BRUCE A		NAME		
STREET ADDRESS	414 NO ORLEANS #301		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60610		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01 312-226-6400
Date Daytime Phone #

CR2E034 (10/00)