

DOCUMENT # 260418

1. Entity Name  
HomeSpace Services, Inc.

Principal Place of Business Mailing Address  
5680 Greenwood Plaza Blvd Same  
#500  
Englewood, CO 80111

2. Principal Place of Business 3. Mailing Address  
5680 Greenwood Plaza Blvd Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
500

City & State City & State  
Englewood, CO  
Zip Country Zip Country  
80111 USA

4. FEI Number Applied For  
75-2609633 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  
West, Perry Douglas  
1270 Orange Avenue, Ste A  
Winter Park, FL 32789

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. This 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 filing change))

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

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 NAME STREET ADDRESS CITY-ST-ZIP	Please see attached <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003256217 -05/17/00-01082-022 ***150.00***
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without the empowered.

SIGNATURE: John R. Wright, Jr JOHN R. Wright, Jr SVP FINANCE 626 229-2850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -3 PM 2:37

CORP 994 (9/98)

## Florida 2000 Uniform Business Report

## HomeSpace Services, Inc.

## Item 11. Officers and Directors

Office	Name	Address
Chairman & CEO	Henry T. DeNero	251 S. Lake Avenue, Suite 1000 Pasadena, CA 91101
President; COO; Director	Eric H. Cunliffe	5680 Greenwood Plaza Blvd, Suite 500 Englewood, CO 80111
Secretary & General Counsel	Robert A. Yahiro	251 S. Lake Avenue, Suite 1000 Pasadena, CA 91101
Treasurer & Chief Financial Officer	Brian McLaughlin	251 S. Lake Avenue, Suite 1000 Pasadena, CA 91101
Director	William P. Ycager, Sr.	3400 Inland Empire Blvd., Suite 205 Ontario, CA 91764
Director	Steven Lebow	2121 Avenue of the Stars Los Angeles, CA 90067
Director	Steven Dietz	2121 Avenue of the Stars Los Angeles, CA 90067
Director	Robert Zangrillo	57 Herron Hollow Aspen, CO 81611
Director	John J. Pembroke	5680 Greenwood Plaza Blvd, Suite 500 Englewood, CO 80111
Director	Gerald Poch	500 Nyala Farm Road Westport, CT 06880

# Uniform Business Report (UBR) Instructions

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.**

## Reminder:

1. Changes must be typed or printed in ink and legible.
2. Signature in Block 13.
3. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.

- Block 1.** Block 1 is preprinted with the name, document number, mailing address and principal place of business as previously reported to our office. You cannot change the name on this form. You must file an amendment to change the name. If you filed an amendment after November 19, 1999, reflect the change of name in Block 1. If no name change has been filed, do not make changes to the form; file it as is and submit a name change amendment promptly. ALL REPORT FILING QUESTIONS SHOULD BE DIRECTED TO (850) 488-9000.
- Block 2 & 3.** If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4.** Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" is preprinted in Block 4, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 828-1040.
- Block 5.** Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee.
- Block 6.** The law requires that each entity have a Registered Agent with a Florida street address. If the computer entry in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.
- Block 7.** If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a Florida Street address. A P.O. Box or mail service is NOT acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can.
- Block 8.** The new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. NOTE: Registered agent signature required when reinstating on this form.
- Block 9.** By checking the box, you indicate that the corporation: 1) Does not owe Intangible Personal Property Tax on its year 2000 tax return; 2) The corporation is not paying as agent for its stockholders and has notified shareholders of the market value of the stock; or 3) The corporation has no Florida shareholders. If the corporation checks box 9, an Intangible Personal Property Tax Return is not required to be filed with the Department of Revenue. Please direct all questions regarding the tax to the Department of Revenue at (800) 352-3671 (Florida only). Out-of-state callers must call (850) 822-4826 or (850) 922-7200.
- Block 10.** Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 10 and include an additional \$5.00 with the filing fee.
- Block 11.** Block 11 contains the officers/directors last reported to our office. If blank, you must list the name and address of all officers/directors in Block 12. Please do not make any marks in Block 11 unless deleting an officer; corrections or additions are to be made in Block 12.
- Block 12.** Block 12 is for changes or additions to the existing Officers/Directors in Block 11. Changes must be typed or printed and legible. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P-President; V-Vice President; T-Treasurer; S-Secretary; D-Director; C-Chairman; M-Managing Director. If a person holds more than one position, enter all positions, e.g., SD; VS; VT/D. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(f), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 11, 12 or on an attachment is an affirmation under oath that no other address is available.
- Block 13.** This report must be signed in Block 13 with an original signature by an officer/director of the entity that is listed in Block 11, Block 12 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 13 is unacceptable.

Use enclosed envelope or mail to:

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Other Correspondence Address:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Internet Address:  
<http://www.sunbiz.org>

Courier Address: (overnight delivery)  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Phone: (850) 488-9000  
Hearing/Voice Impaired may call (850) 487-6096 (TDD)

### INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.