

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91333 039 \*\*\*150.00

**DOCUMENT # 853737**

1. Entity Name

**FOOTHILL CAPITAL CORPORATION**

Principal Place of Business

**11111 SANTA MONICA BLVD.  
STE 1500  
LOS ANGELES CA 90025**

Mailing Address

**11111 SANTA MONICA BLVD.  
STE 1500  
LOS ANGELES CA 90025**

2. Principal Place of Business

**2450 Colorado Ave**

3. Mailing Address

**2450 Colorado Ave**

Suite, Apt. #, etc.

**Suite 3000 West**

Suite, Apt. #, etc.

**Suite 3000 West**

City &amp; State

**Santa Monica, CA**

City &amp; State

**Santa Monica, CA**

Zip

Country

**90404**

Zip

Country

**90404**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

4. FEI Number

**95-2689288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$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. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **NICKOLL, JOHN F**  
STREET ADDRESS **11111 SANTA MONICA BLVD.**  
CITY-ST-ZIP **LOS ANGELES, CA 00000**TITLE **VD** ☐ Delete  
NAME **HILTON, DAVID C.**  
STREET ADDRESS **11111 SANTA MONICA BLVD.**  
CITY-ST-ZIP **LOS ANGELES CA**TITLE **VS** ☐ Delete  
NAME **GARY, KEVIN D**  
STREET ADDRESS **1111 SANTA MONICA BLVD #1500**  
CITY-ST-ZIP **LOS ANGELES CA**TITLE **D** ☐ Delete  
NAME **SCHWAB, PETER E.**  
STREET ADDRESS **11111 SANTA MONICA BLVD.**  
CITY-ST-ZIP **LOS ANGELES CA 90025**TITLE **VT** ☐ Delete  
NAME **DAHL, KENT**  
STREET ADDRESS **11111 SANTA MONICA BLVD**  
CITY-ST-ZIP **LOS ANGELES CA**TITLE **P** ☐ Delete  
NAME **JORDAN, HENRY**  
STREET ADDRESS **1111 SANTA MONICA BLVD**  
CITY-ST-ZIP **LOS ANGELES CA 90025**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Janet D. Rivera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Janet D. Rivera**01/16/01*

Date

*(310) 8453-7288*

Daytime Phone #

CR2E034 (10/00)