

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40979

Entity Name: CITY OF HOPE, A NONPROFIT CORPORATION**Current Principal Place of Business:**1055 WILSHIRE BLVD
12TH FLOOR
LOS ANGELES, CA 90017**Current Mailing Address:**ATTN: TAX & LICENSING
1500 E. DUARTE RD
DUARTE, CA 91010 US**FEI Number:** 95-3435919**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CFO
Name	RICHARD, MAGNUSON
Address	1500 E. DUARTE RD
City-State-Zip:	DUARTE CA 91010
Title	ASST. SECRETARY
Name	KANE, KATHLEEN L
Address	1055 WILSHIRE BLVD., 12TH FLOOR
City-State-Zip:	LOS ANGELES CA 90017
Title	DIRECTOR
Name	BILLER, SHERI J
Address	1500 EAST DUARTE RD
City-State-Zip:	DUARTE CA 91010
Title	PRESIDENT
Name	STONE, ROBERT
Address	1500 E. DUARTE RD.
City-State-Zip:	DUARTE CA 91010

Title	ASST. SECRETARY
Name	BLODGETT, PAUL S
Address	1055 WILSHIRE BLVD., 12 TH FLOOR
City-State-Zip:	LOS ANGELES CA 90017
Title	SECRETARY
Name	SCHETINA, GREGORY D
Address	1500 E. DUARTE RD.
City-State-Zip:	LOS ANGELES CA 90017
Title	CEO
Name	FRIEDMAN, MD, MICHAEL A
Address	1500 EAST DUARTE ROAD
City-State-Zip:	DUARTE CA 91010
Title	DIRECTOR
Name	PAYSON, NORMAN
Address	1500 EAST DUARTE RD
City-State-Zip:	DUARTE FL 91010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN KANE**ASST. SECRETARY****03/07/2013**

Electronic Signature of Signing Officer/Director Detail

Date