

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40979

FILED
Mar 12, 2014
Secretary of State
CC8100837660

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 BLODGETT, PAUL S
Address 1055 WILSHIRE BLVD., 12 TH FLOOR
City-State-Zip: LOS ANGELES CA 90017

Title ASST. SECRETARY
Name KANE, KATHLEEN L
Address 1055 WILSHIRE BLVD., 12TH 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 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 DIRECTOR
Name PAYSON, NORMAN
Address 1500 EAST DUARTE RD
City-State-Zip: DUARTE FL 91010

Title DIRECTOR
Name PEETS, TERRY
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

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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

03/12/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CAPELLO, ALEXANDER
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name HARTENSTEIN, EDDY
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name HOROWITZ MARSH, JODY
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name KEANE, MICHAEL
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name COOK, ROBERT
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name SILVERMAN, RONALD
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name SCOTT, WILLIAM
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name SCOTT, ANTHONY
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name LEVITT, HARRY
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name BOUSHY, JOHN
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name BEATTY, RANDOLPH
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name FREEMAN, RODNEY
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name ISAKOW, SELWYN
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010