

# 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2450 Colorado Ave</b>	3. Mailing Address <b>2450 Colorado Ave</b>
Suite, Apt. #, etc. <b>Suite 3000 West</b>	Suite, Apt. #, etc. <b>Suite 3000 West</b>
City & State <b>Santa Monica, CA</b>	City & State <b>Santa Monica, CA</b>
Zip <b>90404</b>	Country

4. FEI Number <b>95-2689288</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* *Janet D. Rivera* *01/16/01* *(310) 8453-7288*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)