

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 APR 28 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F02000004308

1. Entity Name
HERBALIFE INTERNATIONAL COMMUNICATIONS, INC.



Principal Place of Business
**1800 CENTURY PARK EAST
LOS ANGELES CA 90067**

Mailing Address
**1800 CENTURY PARK EAST
LOS ANGELES CA 90067**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **95-4520868**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LEXIS NEXIS DOCUMENT SOLUTIONS INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City **Tallahassee** **FL** **32301**

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Cynthia L. Harris as its agent

SIGNATURE Cynthia L. Harris DATE 4/25/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MORSE, FRANK P 1800 CENTURY PARK EAST LOS ANGELES CA 90067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Brian Kane 1800 Century Park East Los Angeles, CA 90067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD SAGES, DOUGLAS G 1800 CENTURY PARK EAST LOS ANGELES CA 90067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO William Lowe 1800 Century Park East Los Angeles, CA 90067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TUCHMAN, VICKI 1800 CENTURY PARK EAST LOS ANGELES CA 90067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carol Hannah 1800 Century Park East Los Angeles, CA 90067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300017234093 <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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED VICKI Tuchman DATE 4/24/03 310 203-2336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secretary Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2082

ACCOUNT NO. : 072100000032

REFERENCE : 069043 5173211

AUTHORIZATION :

Patricia Tzvet

COST LIMIT : \$ 158.75

ORDER DATE : April 24, 2003

ORDER TIME : 3:56 PM

ORDER NO. : 069043-010

CUSTOMER NO: 5173211

CUSTOMER: Ms. Burnadean Jones
Herbalife International
15th Floor
1800 Century Park East
Los Angeles, CA 90067

CHANGE OF AGENT

NAME: HERBALIFE INTERNATIONAL
COMMUNICATIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX ____ GOOD STANDING

CONTACT PERSON: Mimi Replogle

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03 APR 28 PM 4:44
DIVISION OF CORPORATIONS
STATE OF FLORIDA
TALLAHASSEE, FLORIDA