

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001030

1. Entity Name

TRIZECHAHN CENTERS INC.

FILED

00 SEP 25 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4350 LA JOLLA VILLAGE DR., #700
ATTN TAX DEPT
SAN DIEGO CA 92122-1233
US

Mailing Address
4350 LA JOLLA VILLAGE DR., #700
ATTN TAX DEPT
SAN DIEGO CA 92122-1233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-1897947

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
WAGMAN, LEE H
4350 LA JOLLA VILLAGE DR., #700
SAN DIEGO CA 92122-1233 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Director
Wold, Casey R.
4350 La Jolla Village Drive Suite 700
San Diego, CA 92122-1233 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVCO
BLAIR, ANDREW A
4350 LA JOLLA VILLAGE DR., #700
SAN DIEGO CA 92122-1233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SULLIVAN, KURT
4350 LA JOLLA VILLAGE DR., #700
SAN DIEGO CA 92122-1233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
YOTTE, CYNTHIA K
4350 LA JOLLA VILLAGE DR., #700
SAN DIEGO CA 92122-1233 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Secretary
Salazar, Holli G.
4350 La Jolla Village Drive Suite 700
San Diego, CA 92122-1233 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VFT
BOWEN, GREGORY C
4350 LA JOLLA VILLAGE DR., #700
SAN DIEGO CA 92122-1233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOV
GODOY, WENDY S M
4350 LA JOLLA VILLAGE DR., #700
SAN DIEGO CA 92122-1233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
☒ Change ☐ 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:

SIGNATURE REQUIRED

Salazar, Vice President & Secretary

Date

Daytime Phone #

CR2E034 (5/00)



202
F9300000101

ACCOUNT NO. : 072100000032

REFERENCE : 829617 4807937

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia Pizit

ORDER DATE : September 13, 2000

ORDER TIME : 12:47 PM

ORDER NO. : 829617-005

CUSTOMER NO: 4807937

CUSTOMER: Ms. Kim L. Paulson
Trizechahn Centers Inc.
Suite 700
4350 La Jolla Village Drive
San Diego, CA 92122-1233

ANNUAL REPORT FILING

NAME: TRIZECHAHN CENTERS INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: TAMARA ODOM Ext. 1104

EXAMINER'S INITIALS: _____

RECEIVED
00 SEP 25 PM 2:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA