

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002223

1. Entity Name

TRIZECHAHN (USA) CORPORATION

FILED

00 SEP 25 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4350 LA JOLLA VILLAGE DRIVE
SUITE 400
SAN DIEGO CA 92122-1233
US

Mailing Address

4350 LA JOLLA VILLAGE DRIVE
SUITE 400
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

33-0387846

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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	P WILKINS, GREGORY 4350 L J VILLAGE DRIVE C/O TAX DEPT. SAN DIEGO CA 92122-1233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPBELL, ROBIN A 4350 L J VILLAGE DRIVE C/O TAX DEPT. SAN DIEGO CA 92122-1233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORREST, ROBERT B 4350 L J VILLAGE DRIVE C/O TAX DEPT. SAN DIEGO CA 92122-1233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUTCHISON, JAMES 4350 L J VILLAGE DRIVE C/O TAX DEPT. SAN DIEGO CA 92122-1233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GODOY, WENDY M 4350 LA JOLLA VILLAGE DRIVE, TAX DEPT. SAN DIEGO CA 92122-1233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECHT, JEFFREY D 4350 LA JOLLA VILLAGE DRIVE, TAX DEPT. SAN DIEGO CA 92122-1233	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Corporate Secretary, Salazar, Holli G. 4350 La Jolla Village Drive Suite 700 San Diego, CA 92122-1233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Chapin, Colin J. 4350 La Jolla Village Drive Suite 700 San Diego, CA 92122-1233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003403110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Treasurer <input checked="" 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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salazar, Vice President & Corporate Secretary

Date

Daytime Phone #

CP2E034 (5/00)

208

F93000002223



ACCOUNT NO. : 072100000032

REFERENCE : 829617 4807937

AUTHORIZATION :

COST LIMIT : \$ 550.00 *Patricia Papp*

ORDER DATE : September 13, 2000

ORDER TIME : 12:48 PM

ORDER NO. : 829617-010

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 (USA) CORPORATION

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

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: TAMARA ODOM - Ext. 1104

EXAMINER'S INITIALS: _____