

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90111 009 ***150.00

DOCUMENT # F96000002628

1. Entity Name

HFAC TWO, INC.

Principal Place of Business

Mailing Address

701 WESTERN AVENUE
 200
 GLENDALE CA 91201-2349
 US

P.O. BOX 25025
 GLENDALE CA 91221-5025

2. Principal Place of Business

3. Mailing Address

701 Western Avenue

701 Western Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glendale, CA

City & State

Glendale, CA

4. FEI Number

95-4558724

Applied For

Not Applicable

Zip

91201-2349

Country

USA

Zip

91201-2349

Country

USA

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 32301-2525

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input type="checkbox"/> Delete
NAME	HUGHES, B. WAYNE	
STREET ADDRESS	701 WESTERN AVE., STE. 200	
CITY-ST-ZIP	GLENDALE CA 41201	
TITLE	V	<input type="checkbox"/> Delete
NAME	GERICH, OBREN B	
STREET ADDRESS	701 WESTERN AVE., STE. 200	
CITY-ST-ZIP	GLENDALE CA 91201	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	HASS, SARAH	
STREET ADDRESS	701 WESTERN AVE., STE. 200	
CITY-ST-ZIP	GLENDALE CA 91201-2394	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	HAVNER, RONALD L JR	
STREET ADDRESS	701 WESTERN AVE., STE. 200	
CITY-ST-ZIP	GLENDALE CA 91201	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCOTT, A. TIMOTHY	
STREET ADDRESS	701 WESTERN AVE	
CITY-ST-ZIP	GLENDALE CA 91201	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SINGELYN, DAVID PL	
STREET ADDRESS	701 WESTERN AVE	
CITY-ST-ZIP	GLENDALE CA 91201	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201-2349	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201-2349	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michele Moffitt	
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201-2349	
TITLE	V/AS/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201-2349	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Glendale, CA 91201-2349	
TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Singelyn, David P.	
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201-2349	

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: *Michele Moffitt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele Moffitt APR 27 2000 (818) 244-8080
 Date Daytime Phone #

CR2E034 (9/99)