

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002628

1. Entity Name
HFAC TWO, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90030 028 ***150.00

Principal Place of Business
701 WESTERN AVENUE
GLENDALE CA 91201-2349
US

Mailing Address
701 WESTERN AVENUE
GLENDALE CA 91201-2349
US

C0043343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 95-4558724		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCP	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, B. WAYNE		NAME	MOFFITT, MICHELE	
STREET ADDRESS	701 WESTERN AVE., STE. 200		STREET ADDRESS	701 WESTERN AVE., STE. 200	
CITY-ST-ZIP	GLENDALE CA 41201		CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERICH, OBREN B		NAME	GERICH, OBREN B.	
STREET ADDRESS	701 WESTERN AVE., STE. 200		STREET ADDRESS	701 WESTERN AVE., STE. 200	
CITY-ST-ZIP	GLENDALE CA 91201		CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASS, SARAH		NAME	REYES, JOHN	
STREET ADDRESS	701 WESTERN AVE., STE. 200		STREET ADDRESS	701 WESTERN AVE., STE. 200	
CITY-ST-ZIP	GLENDALE CA 91201-2394		CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE	TCFO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVNER, RONALD L JR		NAME		
STREET ADDRESS	701 WESTERN AVE., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	GLENDALE CA 91201		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, A. TIMOTHY		NAME		
STREET ADDRESS	701 WESTERN AVE		STREET ADDRESS		
CITY-ST-ZIP	GLENDALE CA 91201		CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGELYN, DAVID PL		NAME	SINGELYN, DAVID P.	
STREET ADDRESS	701 WESTERN AVE		STREET ADDRESS	701 WESTERN AVE., STE. 200	
CITY-ST-ZIP	GLENDALE CA 91201		CITY-ST-ZIP	GLENDALE, CA 91201	

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 MAR 30 2001 (818) 244-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)