

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F96 00000 202B

1. Entity Name

HFAC TWO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 Western Ave.

Suite, Apt. #, etc.
Suite #200

City & State
Glendale, CA

Zip
91201

Country
U.S.

3. Mailing Address

Same.

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

95-4558724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

5216 E. Park Ave.

City Tallahassee

FL

Zip Code

32301

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

C. Balet

Charles Balet, Vice President

June 20, 2002

Signature, typed or printed name of registered agent and see if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
✓ Michele Roberts
701 Western Ave
Glendale, CA, 91201-2349

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
✓ OS
Oren B. Gerich
701 Western Ave
Glendale, CA 91201

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
✓ VAS
John Ryles
701 Western Ave
Glendale, CA 91201

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
✓ TCFD
Ronald L. Hanner, Jr.
701 Western Ave
Glendale, CA 91201

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
✓ SVP
David Goldberg
701 Western Ave
Glendale, CA 91201

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
✓ VAS
David A. Singelyn
701 Western Ave
Glendale, CA 91201

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele Roberts

Date

(015) 244-0000

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91740 021 ***150.00

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