

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90269 010 ***150.00

DOCUMENT # F96000002628



1. Entity Name
HFAC TWO, INC.

Principal Place of Business

701 WESTERN AVENUE
GLENDALE, CA 91201-2349 US

Mailing Address

701 WESTERN AVENUE
GLENDALE, CA 91201-2349 US

2. Principal Place of Business

23805 STUART RANCH RD.

3. Mailing Address

23805 STUART RANCH RD.

Suite, Apt. #, etc.

SUITE 220

Suite, Apt. #, etc.

SUITE 220

City & State

MALIBU, CA

City & State

MALIBU, CA

Zip

90265

Country

U.S.A.

Zip

90265

Country

U.S.A.

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

95-4558724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TCFO	<input checked="" type="checkbox"/> Delete
NAME	HARNER, RONALD L JR.	
STREET ADDRESS	701 WESTERN AVE	
CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	GERICH, OBREN B	
STREET ADDRESS	701 WESTERN AVE	
CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	REYES, JOHN	
STREET ADDRESS	701 WESTERN AVE	
CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, MICHELE	
STREET ADDRESS	701 WESTERN AVE	
CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, DAVID	
STREET ADDRESS	701 WESTERN AVE	
CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	SINGELYN, DAVID PL	
STREET ADDRESS	701 WESTERN AVE	
CITY-ST-ZIP	GLENDALE, CA 91201	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, B. WAYNE	
STREET ADDRESS	23805 STUART RANCH RD, STE 220	
CITY-ST-ZIP	MALIBU, CA 90265	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, JR, B. WAYNE	
STREET ADDRESS	23805 STUART RANCH RD, STE 220	
CITY-ST-ZIP	MALIBU, CA 90265	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTAVSON, TAMARA H.	
STREET ADDRESS	23805 STUART RANCH RD, STE 220	
CITY-ST-ZIP	MALIBU, CA 90265	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGELYN, DAVID P.	
STREET ADDRESS	23805 STUART RANCH RD, STE 220	
CITY-ST-ZIP	MALIBU, CA 90265	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNING, RAYMOND F.	
STREET ADDRESS	23805 STUART RANCH RD, STE 220	
CITY-ST-ZIP	MALIBU, CA 90265	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAN, VINCENT R.	
STREET ADDRESS	23805 STUART RANCH RD, STE 220	
CITY-ST-ZIP	MALIBU, CA 90265	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond F. Huning

Date

Daytime Phone #

4-27-04 310 317-1443ext106