

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90039 029 ****61.25

DOCUMENT # F98000002142

1. Entity Name

HERBALIFE FAMILY FOUNDATION CORPORATION

Principal Place of Business

**1800 CENTURY PARK EAST
 LOS ANGELES CA 90067**

Mailing Address

**1800 CENTURY PARK EAST
 LOS ANGELES CA 90067**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14th Floor

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4487544

Applied For

Not Applicable

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**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FAULKNER, SAMANTHA	
STREET ADDRESS	1800 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PAIR, CHRISTOPHER	
STREET ADDRESS	1800 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GERRITY, TIMOTHY	
STREET ADDRESS	1800 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	CD	<input type="checkbox"/> Delete
NAME	REYNOLDS, JACK	
STREET ADDRESS	1800 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAULKNER, SAMANTHA	
STREET ADDRESS	1800 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KLEIN, CONRAD L	
STREET ADDRESS	1800 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA 90067	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Reynolds	
STREET ADDRESS	1800 Century Park East, 14th Fl.	
CITY-ST-ZIP	Los Angeles, CA 90067	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Hannah	
STREET ADDRESS	1800 Century Park East, 14th Fl.	
CITY-ST-ZIP	Los Angeles, CA 90067	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conrad Lee Klein	
STREET ADDRESS	1800 Century Park East, 14th Fl.	
CITY-ST-ZIP	Los Angeles, CA 90067	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Lowe	
STREET ADDRESS	1800 Century Park East, 14th Fl.	
CITY-ST-ZIP	Los Angeles, CA 90067	
TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Kardashian	
STREET ADDRESS	1800 Century Park East, 14th Fl.	
CITY-ST-ZIP	Los Angeles, CA 90067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 REQUIRED 15 Apr 02 William Lowe 310-410-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE