

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90092 013 \*\*\*\*70.00

**DOCUMENT # F98000002142**



1. Entity Name  
**HERBALIFE FAMILY FOUNDATION CORPORATION**

Principal Place of Business  
**1800 CENTURY PARK EAST  
14TH FLOOR  
LOS ANGELES CA 90067**

Mailing Address  
**1800 CENTURY PARK EAST  
14TH FLOOR  
LOS ANGELES CA 90067**

2. Principal Place of Business  
**Same as Above**

3. Mailing Address  
**Same As Above**

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **95-4487544**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



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

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LOWE, WILLIAM 1800 CENTURY PARK EAST, 14TH FLOOR LOS ANGELES CA 90067</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HANNAH, CAROL 1800 CENTURY PARK EAST, 14TH FLOOR LOS ANGELES CA 90067</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GERRITY, TIMOTHY 1800 CENTURY PARK EAST LOS ANGELES CA 90067</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD REYNOLDS, JOHN 1800 CENTURY PARK EAST, 14TH FLOOR LOS ANGELES CA 90067</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED KARDASHIAN, JOAN 1800 CENTURY PARK EAST, 14TH FLOOR LOS ANGELES CA 90067</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KLEIN, CONRAD L 1800 CENTURY PARK EAST, 14TH FLOOR LOS ANGELES CA 90067</b> <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joan Kardashian* **4/25/03** **310-203-2364**

CR2E037 (10/02)