

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90396 010 \*\*\*\*61.25

**DOCUMENT # F99000003405**

1. Entity Name  
**FOUNDATION PROPERTY MANAGEMENT, INC.**



Principal Place of Business      Mailing Address

**911 N STUDEBAKER RD  
LONG BEACH CA 90815-4900**      **911 N STUDEBAKER RD  
LONG BEACH CA 90815-4900**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **95-3651050**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRA SERVICES, INC.  
526 E. PARK AVENUE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RADAR, WILLIAM E	
STREET ADDRESS	911 N STUDEBAKER RD	
CITY-ST-ZIP	LONG BEACH CA 90815-4900	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MASUDA, TOM S	
STREET ADDRESS	911 N STUDEBAKER RD	
CITY-ST-ZIP	LONG BEACH CA 90815-4900	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARTMAN, STUART	
STREET ADDRESS	911 N STUDEBAKER	
CITY-ST-ZIP	LONG BEACH CA 90815-4900	
TITLE	S	<input type="checkbox"/> Delete
NAME	LISTOE, LINDA	
STREET ADDRESS	911 STUDEBAKER RD	
CITY-ST-ZIP	LONG BEACH CA 90815-4900	
TITLE	D	<input type="checkbox"/> Delete
NAME	EAST, RAYMOND	
STREET ADDRESS	911 N STUDEBAKER RD	
CITY-ST-ZIP	LONG BEACH CA 90815-4900	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAWATA, TERUO	
STREET ADDRESS	911 STUDEBAKER RD	
CITY-ST-ZIP	LONG BEACH CA 90815-4900	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADER, WILLIAM E	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McPEAK, NANCY	
STREET ADDRESS	911 N. STUDEBAKER RD.	
CITY-ST-ZIP	LONG BEACH, CA 90815.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTER, CHRISTINA	
STREET ADDRESS	911 N. STUDEBAKER RD.	
CITY-ST-ZIP	LONG BEACH, CA 90815	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEXTON, DARRYL	
STREET ADDRESS	911 N. STUDEBAKER RD.	
CITY-ST-ZIP	LONG BEACH, CA 90815	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMINGTON, STEWART	
STREET ADDRESS	911 N. STUDEBAKER RD.	
CITY-ST-ZIP	LONG BEACH, CA 90815	
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** Linda Listoe      2/3/2003      562 257-5100

CR2E037 (10/02)