

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90419 030 \*\*\*150.00

**DOCUMENT # F99000005575**

1. Entity Name

**FOUNDATION HEALTH FEDERAL SERVICES, INC.**

Principal Place of Business

Mailing Address

**2025 AEROJET ROAD  
 RANCHO CORDOVA CA 95742**

**2025 AEROJET ROAD  
 RANCHO CORDOVA CA 95742-6418**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**68-0214809**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

949034



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>VELAZQUEZ, GARY</b> <b>1600 LOS GAMOS DRIVE, SUITE 300</b> <b>SAN RAFAEL CA 94903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>WOYS, JAMES E</b> <b>2025 AEROJET ROAD</b> <b>RANCHO CORDOVA CA 95742</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROSE, CHARLES D</b> <b>2025 AEROJET ROAD</b> <b>RANCHO CORDOVA CA 95742</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>YATES, BEN</b> <b>2025 AEROJET ROAD</b> <b>RANCHO CORDOVA CA 95742</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHEFF, JONATHAN MD</b> <b>2025 AEROJET ROAD</b> <b>RANCHO CORDOVA CA 95742</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILBERTSON, PAUL</b> <b>2025 AEROJET ROAD</b> <b>RANCHO CORDOVA CA 95742</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO C D</b> <b>Velasquez, Gary</b> <b>1600 Los Gamos Drive, Suite 300</b> <b>San Rafael, CA 94903</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COO D</b> <b>Woy's, James E.</b> <b>2025 Aerojet Road</b> <b>Rancho Cordova, CA 95742</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kelly, Scott</b> <b>2025 Aerojet Road</b> <b>Rancho Cordova, CA 95742</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

SIGNATURE:

*Charles D. Rose*

**Charles D. Rose** 04/20/00 (916) 353-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

**FOUNDATION HEALTH FEDERAL SERVICES, INC.**

**Officers & Directors – Continued**

Attachment  
9/19/03  
#F99000055

D  
Jeffrey Bairstow  
1600 Los Gatos Drive, Suite 300  
San Rafael, CA 94903

Add

VP AS  
Michael E. Jansen  
21650 Oxnard Street, 22<sup>nd</sup> Floor  
Woodland Hills, CA 91367

Add