


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000005575
 1. Entity Name
 HEALTH NET FEDERAL SERVICES, INC.



Principal Place of Business: 2025 AEROJET ROAD, RANCHO CORDOVA, CA 95742
 Mailing Address: 2025 AEROJET ROAD, LEGAL DEPARTMENT, RANCHO CORDOVA, CA 95742



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 68-0214809 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 \$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

U00000082169
 03/09/04-80018-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD GILBERTSON, PAUL 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOD WOYS, JAMES E 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROSE, CHARLES D 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YATES, BEN 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHEFF, JONATHAN MD 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, SCOTT 2025 AEROJET ROAD RANCHO CORDOVA, CA 95742

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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: Charles D. Rose Charles D. Rose 2/20/04 916-353-2445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #