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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 23 AM 10:50

DOCUMENT # **G60889**

1. Corporation Name
RHPC, INC.

Principal Place of Business	Mailing Address
3820 STATE STREET **C/O MARY H YUMIBE** **SANTA BARBARA CA 93105** **US**	**3820 STATE STREET** **C/O MARY H YUMIBE** **SANTA BARBARA CA 93105** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1983

4. FEI Number
59-2339918 [ ] Applied For [ ] Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip / Country	28 Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	[ ] DELETE	41 TITLE [ ] Change [ ] Add
NAME	TAYLOR, DENNIS		42 NAME
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		44 CITY-ST-ZIP
TITLE	DVS	[X] DELETE	41 TITLE DVS [ ] Change [X] Add
NAME	BROWN, SCOTT M		42 NAME Richard B. Silver
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS 3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105		44 CITY-ST-ZIP Santa Barbara, CA 93105
TITLE	VCFO	[ ] DELETE	41 TITLE [ ] Change [ ] Add
NAME	FETTER, TREVOR		42 NAME
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		44 CITY-ST-ZIP
TITLE	VT	[ ] DELETE	41 TITLE [ ] Change [ ] Add
NAME	MCMULLEN, TERENCE P		42 NAME
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		44 CITY-ST-ZIP
TITLE	AS	[X] DELETE	41 TITLE AS [ ] Change [X] Add
NAME	LUNDGREN, ALAN		42 NAME Caitlin M. Larsen
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS 3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105		44 CITY-ST-ZIP Santa Barbara, CA 93105
TITLE		[ ] DELETE	41 TITLE [ ] Change [ ] Add
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caitlin Larsen Caitlin M. Larsen, Asst. Sec. 4/9/99 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #