FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:14

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08488 (9)

1. Corporation Name
HILLHAVEN PROPERTIES, LTD., INC.

Principal Place of Business	Mailing Address
1148 BROADWAY PLAZA CALLER SERVICE 2264 TACOMA WA 98401-2264	1148 BROADWAY PLAZA CALLER SERVICE 2264 TACOMA WA 98401-2264

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 41-1422212 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MARKER, CHRIS	12 NAME		
STREET ADDRESS	1148 BROADWAY PLAZA	13 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	SD	☒ Change ☐ Addition
NAME	ADCOCK, RICHARD	22 NAME		
STREET ADDRESS	1148 BROADWAY PLAZA	23 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	PACQUER, ROBERT	32 NAME		
STREET ADDRESS	1148 BROADWAY PLAZA	33 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	PEISER, WILLIAM	42 NAME		
STREET ADDRESS	1148 BROADWAY PLAZA	43 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	BELLANDE, RALPH	52 NAME		
STREET ADDRESS	1148 BROADWAY PLAZA	53 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	WEITZ, MICHAEL	62 NAME		
STREET ADDRESS	1148 BROADWAY PLAZA	63 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Vice President, Taxation 5/1/95 (704) 572-4301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078034