FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am DOCUMENT # P32511 Secretary of State 1. Entity Name 02-24-2002 90001 048 ***150 00 ROSEWOOD APARTMENTS CORPORATION Principal Place of Business Mailing Address 9090 WILSHIRE BLVD. 9090 WILSHIRE BLVD. SUITE 201 SUITE 201 BEVERLY HILLS CA 90211 BEVERLY HILLS CA 90211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-3812630 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change ☐ Addition TITLE TITLE CE₀ NAME NAME BOXENBAUM, CHARLES H. STREET ADDRESS STREET ADDRESS 9090 WILSHIRE BLVD.#201 CITY-ST-7IP CITY-ST-ZIP **BEVERLY HILLS CA 90211** ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME **NELSON, BRUCE** STREET ADDRESS STREET ADDRESS 9090 WILSHIRE BLVD.#201 CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS CA 90211 ☐ Delete ☐ Change ☐ Addition TITLE TITLE D NAME CASDEN, ALAN STREET ADDRESS STREET ADDRESS 9090 WILSHIRE BLVD.#201 CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA 90211** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME SUSSMAN, JEFF STREET ADDRESS STREET ADDRESS 9090 WILSHIRE BLVD. #201 CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA 90211** X Change ☐ Delete TITLE .' .' Addition TITLE **VCFO** SVP/CFO NAME NAME SHUMAN, BRIAN H STREET ADDRESS STREET ADDRESS 9090 WILSHIRE BLVD.#201 CITY-ST-ZIP CITY-\$T-ZIP **BEVERLY HILLS CA 90211** ☐ Delete ☐ Addition TITLE **SVAS** TITLE ☐ Change NAME NAME TOY, PATRICIA STREET ADDRESS STREET ADDRESS 9090 WILSHIRE BLVD.#201 CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA 90211** 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 supplied ental 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

SIGNATURE:

changed, or on an attachmer

IRE RECERIANEED. SHUMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with an address with all other like empowered.

Daytime Phone #