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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P34546** **(2)**

1. Corporation Name

THE HILLHAVEN CORPORATION

Principal Place of Business	Mailing Address
1148 BROADWAY PLAZA TACOMA WA 98401-264 US	1148 BROADWAY PLAZA CALLER SERVICE 2264 TACOMA WA 98401-264 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/02/1991	05/01/1994

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

4. FEI Number **91-1459952** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 the date above) (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	11 TITLE	☒ Change ☐ Addition
NAME	COHEN, LEONARD	12 NAME	Delete
STREET ADDRESS	2700 COLORADO AVENUE	13 STREET ADDRESS	
CITY ST ZIP	SANTA MONICA CA	14 CITY ST ZIP	
TITLE	CEO	21 TITLE	☐ Change ☐ Addition
NAME	BUSBY, BRUCE L.	22 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	23 STREET ADDRESS	
CITY ST ZIP	TACOMA WA	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	MARKER, CHRIS	32 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	33 STREET ADDRESS	
CITY ST ZIP	TACOMA WA	34 CITY ST ZIP	
TITLE	VT	41 TITLE	☐ Change ☐ Addition
NAME	PACQUER, ROBERT F.	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	PEISER, WILLIAM S JR	52 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	53 STREET ADDRESS	
CITY ST ZIP	TACOMA WA	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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.

SIGNATURE: _____ Vice President, Taxation 4/1/95 (404) 332-2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0492230 FN