

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

3. Date Incorporated or Qualified

07/02/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 3300 Providian Center

2a. Mailing Address

26 3300 Providian Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 400 West Marker St.

27 400 West Marker St.

City & State

City & State

23 Louisville, KY

28 Louisville, KY

Zip

Zip

Country

24 40202

25 US

29 40202

30 US

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CEO  
BUSBY, BRUCE L.  
1148 BROADWAY PLAZA  
TACOMA WA

☒ DELETE

PD  
MARKER, CHRIS  
1148 BROADWAY PLAZA  
TACOMA WA

☒ DELETE

VT  
PACQUER, ROBERT F.  
1148 BROADWAY PLAZA  
TACOMA WA

☒ DELETE

V  
PEISER, WILLIAM S JR  
1148 BROADWAY PLAZA  
TACOMA WA

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Pres. CEO  
W. Bruce Lunsford  
3300 Providian Center  
Louisville, KY 40202

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Sec.  
Jill L. Force  
3300 Providian Center  
Louisville, KY 40202

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

VCP  
W. Earl Reed III  
3300 Providian Center  
Louisville, KY 40202

☒ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

V Treas.  
Richard A. Lechleiter  
3300 Providian Center  
Louisville, KY 40202

☒ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)