

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40979

1. Entity Name

CITY OF HOPE, A-NONPROFIT CORPORATION

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90053 001 ****61.25
 04-18-2000 90053 002 ****8.75

Principal Place of Business

Mailing Address

~~208 W 8TH STREET
 LOS ANGELES CA 90014
 US~~

~~208 W 8TH ST
 ATTN: TAX & LICENSING
 LOS ANGELES CA 90014~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1055 Wilshire Blvd.

Suite, Apt. #, etc.
 12th Floor

City & State
 Los Angeles, CA

Zip
 90017

Country
 US

3. Mailing Address

1500 E. Duarte

Suite, Apt. #, etc.

Attn: Tax & Lic #147

City & State
 Duarte

Zip
 91010

Country
 US

4. FEI Number

95-3435919

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIZNER, JOAN
 3333 W COMMERCIAL BLVD
 106
 FT LAUDERDALE FL 33309

Name
 N/A
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 *Joan R. Wizner* Signature, typed or printed name of registered agent and title if applicable. **Joan R. Wizner, Director** (NOTE: Registered Agent signature required when reinstating) **4-7-00** DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB SCHWARTZBERG, GIL N 3801 S BROADWAY LOS ANGELES CA 90037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVEY, MARK B 5860 UPLANDER WAY CULVER CITY CA 90233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERRICK, SHARON H 208 W 8TH ST LOS ANGELES CA 90014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLTON, E STEVEN 208 W 8TH ST LOS ANGELES CA 90014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROTHMAN, CLAIRE L 3701 WILSHIRE BLVD. 7TH FLOOR LOS ANGELES CA 90014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARKIN, GEORGE 10850 WILSHIRE BLVD. #740 LOS ANGELES CA 90014	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/President Gil Schwartzberg 1500 E. Duarte Rd. Duarte, CA 91010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Treasurer Terry Blackwood 1500 E. Duarte Rd. Duarte, CA 91010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Sharon H. Berrick 1055 Wilshire Blvd., 12th Floor Los Angeles, CA 90017	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary E. Steven Solton 1055 Wilshire Blvd., 12th Floor Los Angeles, CA 90017	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Glenn Krinsky 1500 E. Duarte Rd. Duarte, CA 91010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terry W. Blackwood* **Terry W. Blackwood** CFO/Treasurer **4-7-00** **626/359-8111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)