

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90006 022 ****70.00

DOCUMENT # P40979 1. Entity Name CITY OF HOPE, A NONPROFIT CORPORATION					
Principal Place of Business 1055 WILSHIRE BLVD 12TH FLOOR LOS ANGELES, CA 90017 US			Mailing Address 1500 E. DUARTE RD ATTN: TAX & LICENSING #151 DUARTE, CA 91010		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-3435919	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND PLANTATION, FL 33324				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CFOT	<input checked="" type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKWOOD, TERRY		NAME	DENNIS F RUSCH	
STREET ADDRESS	1500 E. DURATE RD		STREET ADDRESS	1500 EAST DUARTE ROAD	
CITY-ST-ZIP	DUARTE, CA 91010		CITY-ST-ZIP	DUARTE, CALIFORNIA 91010	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	ASST SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVEY, ALAN S		NAME	PAUL S BLODGETT	
STREET ADDRESS	1055 WILSHIRE BLVD., 12 TH FLOOR		STREET ADDRESS	1055 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES, CA 90017		CITY-ST-ZIP	LOS ANGELES, CALIFORNIA 90017	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, KATHLEEN L		NAME		
STREET ADDRESS	1055 WILSHIRE BLVD., 12TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90017		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, ROBERT		NAME		
STREET ADDRESS	1500 E. DURATE RD.		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90017		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, DONALD SR		NAME	PHILIP L ENGEL	
STREET ADDRESS	1500 EAST DUARTE RD		STREET ADDRESS	1500 EAST DUARTE ROAD	
CITY-ST-ZIP	DUARTE, CA 91010		CITY-ST-ZIP	DUARTE, CALIFORNIA 91010	
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, MICHAEL A CEO		NAME		
STREET ADDRESS	1500 EAST DUARTE ROAD		STREET ADDRESS		
CITY-ST-ZIP	DUARTE, CA 91010		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			PAUL BLODGETT ASST SECERTARY 01/16/08 (626) 301-8102		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		