

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000048018 (0)

1. Corporation Name
CHELSEA SAHP CORP.

Principal Place of Business %SUN AMERICA INC. ATTN: MICHAEL L. FOWLER 1 SUNAMERICA CENTER, CENTURY CITY LOS ANGELES CA 90067-6022	Mailing Address %SUN AMERICA INC. ATTN: MICHAEL L. FOWLER 1 SUNAMERICA CENTER, CENTURY CITY LOS ANGELES CA 90067-6022
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/30/1997	
				4. FEI Number 95-4644828	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

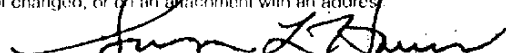
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/T
NAME	ROBINSON, SCOTT L	1.2 NAME	ROBINSON, SCOTT L.
STREET ADDRESS	1 SUNAMERICA CENTER, CENTURY CITY	1.3 STREET ADDRESS	1 SunAmerica Center
CITY-ST-ZIP	LOS ANGELES CA 90067-6022	1.4 CITY-ST-ZIP	Los Angeles, CA 90067-6022
TITLE	D	2.1 TITLE	D/S
NAME	WINTROB, JAY S	2.2 NAME	HARRIS, SUSAN L.
STREET ADDRESS	1 SUNAMERICA CENTER, CENTURY CITY	2.3 STREET ADDRESS	1 SunAmerica Center
CITY-ST-ZIP	LOS ANGELES CA 90067-6022	2.4 CITY-ST-ZIP	Los Angeles, CA 90067-6022
TITLE	D	3.1 TITLE	P
NAME	HARRIS, SUSAN L	3.2 NAME	FOWLER, MICHAEL L.
STREET ADDRESS	1 SUNAMERICA CENTER, CENTURY CITY	3.3 STREET ADDRESS	1 SunAmerica Center
CITY-ST-ZIP	LOS ANGELES CA 90067-6022	3.4 CITY-ST-ZIP	Los Angeles, CA 90067-6022
TITLE		4.1 TITLE	V
NAME		4.2 NAME	PROOST, ROBERT L.
STREET ADDRESS		4.3 STREET ADDRESS	1 SunAmerica Center
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Los Angeles CA 90067-6022
TITLE		5.1 TITLE	V
NAME		5.2 NAME	CLOAK, DAVID
STREET ADDRESS		5.3 STREET ADDRESS	1 SunAmerica Center
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Los Angeles, CA 90067-6022
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: 

CR2E034 (10/97)