

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000048018**

1. Corporation Name
CHELSEA SAHP CORP.

Principal Place of Business Mailing Address
%SUN AMERICA INC., ATTN: MICHAEL L. FOWLER
1 SUNAMERICA CENTER, CENTURY CITY
LOS ANGELES CA 90067-6022

FILED
Jul 21, 1999 8:00 am
Secretary of State
07-21-1999 90005 018 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/30/1997

4. FEI Number **95-4644828** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

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 **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	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, SCOTT L	
STREET ADDRESS	1 SUNAMERICA CENTER, CENTURY CITY	
CITY-ST-ZIP	LOS ANGELES CA 90067-6022	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINTROB, JAY S	
STREET ADDRESS	1 SUNAMERICA CENTER, CENTURY CITY	
CITY-ST-ZIP	LOS ANGELES CA 90067-6022	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, SUSAN L	
STREET ADDRESS	1 SUNAMERICA CENTER, CENTURY CITY	
CITY-ST-ZIP	LOS ANGELES CA 90067-6022	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ROBINSON, SCOTT	
STREET ADDRESS	1 SUNAMERIC CENTER	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HARRIS, SUSAN L.	
STREET ADDRESS	1 SUNAMERICA CENTER	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FOWLER, MICHAEL L	
STREET ADDRESS	1 SUNAMERICA CENTER	
CITY-ST-ZIP	LOS ANGELES CA 90067	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Susan L. Harris 7/06/99 (310) 772-6000

CR2E034 (5/99)