

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000048018

1. Entity Name

CHELSEA SAHP CORP.

FILED

00 OCT 25 PM 4:38

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O SUN AMERICA ATTN: MICHAEL FOWLER  
1 SUNAMERICA CENTER, CENTURY CITY  
LOS ANGELES CA 90067-6022

Mailing Address

C/O SUN AMERICA ATTN: MICHAEL FOWLER  
1 SUNAMERICA CENTER, CENTURY CITY  
LOS ANGELES CA 90067-6022

2. Principal Place of Business

ATTN: Virginia Puzon

3. Mailing Address

ATTN: Virginia Puzon

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1 SunAmerica Center, 37th fl.

1 SunAmerica Center, 37th fl.

City & State

City & State

Los Angeles, CA

Los Angeles, CA

Zip

Country

Zip

Country

90067-6022

90067-6022

4. FEI Number

95-4644828

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

*Lynda Coleman*, as its agent

10/25/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

|                |  |  |
|----------------|--|--|
| TITLE          | D  | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>ROBINSON, SCOTT L</del>                 |  |
| STREET ADDRESS | <del>1 SUNAMERICA CENTER, CENTURY CITY</del> |  |
| CITY-ST-ZIP    | <del>LOS ANGELES CA 90067-6022</del>         |  |
| 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 checked="" type="checkbox"/> Delete |
| NAME           | <del>HARRIS, SUSAN L</del>                   |  |
| STREET ADDRESS | <del>1 SUNAMERICA CENTER, CENTURY CITY</del> |  |
| CITY-ST-ZIP    | <del>LOS ANGELES CA 90067-6022</del>         |  |
| TITLE          | DT   | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>ROBINSON, SCOTT</del>                   |  |
| STREET ADDRESS | <del>1 SUNAMERICA CENTER</del>               |  |
| CITY-ST-ZIP    | <del>LOS ANGELES CA 90067</del>              |  |
| TITLE          | DS   | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>HARRIS, SUSAN L</del>                   |  |
| STREET ADDRESS | <del>1 SUNAMERICA CENTER</del>               |  |
| CITY-ST-ZIP    | <del>LOS ANGELES CA 90067</del>              |  |
| TITLE          | P  | <input type="checkbox"/> Delete            |
| NAME           | FOWLER, MICHAEL L.                           |  |
| STREET ADDRESS | 1 SUNAMERICA CENTER                          |  |
| CITY-ST-ZIP    | LOS ANGELES CA 90067                         |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | Director/Treasurer                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | N. Scott Gillis                   |  |
| STREET ADDRESS | 1 SunAmerica Center               |  |
| CITY-ST-ZIP    | Los Angeles, CA 90067-6022        |  |
| TITLE          | Secretary                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Christine A. Nixon                |  |
| STREET ADDRESS | 1 SunAmerica Center, Century City |  |
| CITY-ST-ZIP    | Los Angeles, CA 90067-6022        |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |

REINSTATEMENT

600003439696--4

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Christine A. Nixon*

Christine A. Nixon

10/18/00

(310) 772-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 874995 4319383

AUTHORIZATION :

COST LIMIT : \$ 750.00

*Patricia Pujols*

ORDER DATE : October 24, 2000

ORDER TIME : 3:04 PM

ORDER NO. : 874995-005

CUSTOMER NO: 4319383

CUSTOMER: Tan Dosunmu, Legal Asst  
Sunamerica, Inc.  
1 Sunamerica Center  
Century City  
Los Angeles, CA 90067

ANNUAL REPORT FILING

NAME: CHELSEA SAHP CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA ODOM- Ext. 1104

EXAMINER'S INITIALS:

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 25 PM 3:54  
NOT ISSUED  
TO ASSESS  
SUFFICIENCY OF FILING  
TS