

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000109176

Entity Name: HCP, INC.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

712 US HIGHWAY ONE  
SUITE 400  
NORTH PALM BEACH, FL 33408

## New Principal Place of Business:

## Current Mailing Address:

712 US HIGHWAY ONE  
SUITE 400  
NORTH PALM BEACH, FL 33408

## New Mailing Address:

FEI Number: 65-0804795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, FRED C  
712 US HIGHWAY ONE  
SUITE 400  
NORTH PALM BEACH, FL 33408 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HUGHES, MEL L  
Address: 1755 GRAHAM AVE ST 102  
City-St-Zip: HENDERSON, NC 27536

Title: CVPD ( ) Delete  
Name: CROWN, BARRY S  
Address: 414 # ORLEANS, #301  
City-St-Zip: CHICAGO, IL 60610

Title: VASD ( ) Delete  
Name: CROWN, BEVERLY J  
Address: 414 NO ORLEANS, #301  
City-St-Zip: CHICAGO, IL 60610

Title: VPSD ( ) Delete  
Name: CROWN, LAURIE J  
Address: 414 NO ORLEANS, #301  
City-St-Zip: CHICAGO, IL 60610

Title: VASD ( ) Delete  
Name: CROWN, DONNA L  
Address: 414 NO ORLEANS #301  
City-St-Zip: CHICAGO, FL 60610

Title: VPTD (X) Delete  
Name: CROWN, BRUCE A  
Address: 414 NO ORLEANS #301  
City-St-Zip: CHICAGO, IL 60610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HUGHES, MEL L  
Address: 900 WEST CHANDLER BLVD  
City-St-Zip: CHANDLER, AZ 85225

Title: VPTD (X) Change ( ) Addition  
Name: CROWN, BRUCE A  
Address: 414 # ORLEANS, #301  
City-St-Zip: CHICAGO, IL 60610

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE A CROWN

VP

04/27/2006

Electronic Signature of Signing Officer or Director

Date