Return to: SECRETARY OF STATE 700 WEST JEFFERSON			nnual Report Form	C T CORPOR	ATION SVS	TEM		
		Annual Report Form 1. Mailing Address: Correct in this box if needed. CITY OF HOPE GRACE R BALINGCOS 1500 EAST DUARTE RD C/O TAX & LICENSING DUARTE CA 91010		921 S ORCH BOISE ID 8	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
4. Corporations: Enter Nar	mes and Busine	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MALISSIA J CLINTON		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
DIRECTOR	NORMAN C PAYSON, MD		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
SECRETARY	GREGORY D SCHETINA		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
PRESIDENT	ROBERT STONE		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
DIRECTOR	SELWYN ISAKOW		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
DIRECTOR	RONALD SARGENT		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
DIRECTOR	RANDOLPH BEATTY		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
DIRECTOR	GLENN STEELE		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
DIRECTOR	JODY HOROWITZ MARSH		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
DIRECTOR	WILLIAM POST		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
DIRECTOR	BARBARA BRUSER		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
DIRECTOR	STEVEN FINK		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
DIRECTOR	MORGAN CHU		1500 EAST DUARTE ROAD	DUARTE	CA	USA	91010	
TREASURER	JENNIFER PA	ARKHURST	1500 EAST DUARE ROAD	DUARTE	CA	USA	91010	
5. Organized Under the Laws of: 6. Annual Rep		6. Annual Report n	ort must be signed.*					
CA		Signature: JENN		Date: 04/24/2018				
C 128510		Name (type or print): JENNIFER PARKHURST			Title: C.F.O.			
Processed 04/24/2018		* Electronically prov	vided signatures are accepted as original	signatures.				