

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90100 036 \*\*\*\*61.25

0088521

**DOCUMENT # 830548**  
 1. Entity Name  
**ELAN VITAL, INC.**

Principal Place of Business      Mailing Address  
 C/O LINDA S. GROSS      C/O LINDA S. GROSS  
 P.O. BOX 6130      P.O. BOX 6130  
 MALIBU CA 90264      MALIBU CA 90264

HUU43710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 20 Island Avenue      Elan Vital, Inc.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite 1104      P.O. Box 6130  
 City & State      City & State  
 Miami Beach, FL      Malibu, CA  
 Zip      Country      Zip      Country  
 33139           90264          

4. FEI Number      Applied For  
**23-7174539**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LINDA S. GROSS**  
**20 ISLAND AVE., #1104**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent  
 Name  
**Linda M. Smith, Esquire**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 200**  
**11900 Biscayne Boulevard**  
 City      State      Zip Code  
**Miami      FL      33181**

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 *Linda M. Smith*      **Linda M. Smith, Esquire**      DATE **02/12/01**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMAS, KATHIE 28720 CANWOOD STREET AGOURA HILLS CA 91301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS G. HAGAN 755 LAKEFIELD DRIVE, SUITE J WESTLAKE VILLAGE CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, LINDA 20 ISLAND AVE STE 1104 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas G. Hagan 755 Lakefield Drive, Suite J Westlake Village, CA 93021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carl B. Hebeler 1223 Wilshire Boulevard, Suite 912 Santa Monica, CA 90403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcia Leitner 555 Kings Road Alameda, CA 94501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barbara Brogan 135 Murcott Circle Orange Village, OH 44022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathie Thomas*      **Kathie Thomas, Sec/Treas**      Date **1/22/01**      Daytime Phone # **818/889-1360**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)