

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # 856164 (9)**  
1. Corporation Name  
**HAHN PROPERTY MANAGEMENT CORPORATION**



Principal Place of Business Mailing Address  
**4350 LA JOLLA VILLAGE DR  
STE 700. C/O TAX DEPT.  
SAN DIEGO CA 92122**

3. Date Incorporated or Qualified **04/18/1983** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **95-3074749** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 **Suite 400 - % Tax** 27 **Suite 400 - % Tax**  
City & State City & State  
23 Zip 28 Zip  
24 **92122-1233** 25 Country 29 **92122-1233** 30 Country

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |               |                                 |                                 |
|----------------|---------------|---------------------------------|---------------------------------|
| TITLE          | PD            | WAGMAN, LEE H                   | <input type="checkbox"/> DELETE |
| NAME           |               | 4350 LJ VILLAGE DR C/O TAX DEPT |                                 |
| STREET ADDRESS |               | SAN DIEGO CA                    |                                 |
| CITY-ST-ZIP    |               |                                 |                                 |
| TITLE          | <del>VP</del> | <del>MAGDONALD, SCOTT D</del>   | <input type="checkbox"/> DELETE |
| NAME           |               | 4350 LJ VILLAGE DR C/O TAX DEPT |                                 |
| STREET ADDRESS |               | SAN DIEGO CA                    |                                 |
| CITY-ST-ZIP    |               |                                 |                                 |
| TITLE          | V             | LEVIN, PETER                    | <input type="checkbox"/> DELETE |
| NAME           |               | 4350 LJ VILLAGE DR C/O TAX DEPT |                                 |
| STREET ADDRESS |               | SAN DIEGO CA                    |                                 |
| CITY-ST-ZIP    |               |                                 |                                 |
| TITLE          | V             | DOYLE, WILLIAM HW               | <input type="checkbox"/> DELETE |
| NAME           |               | 4350 LJ VILLAGE DR C/O TAX DEPT |                                 |
| STREET ADDRESS |               | SAN DIEGO CA                    |                                 |
| CITY-ST-ZIP    |               |                                 |                                 |
| TITLE          | <del>VP</del> | GODOY, WENDY                    | <input type="checkbox"/> DELETE |
| NAME           |               | 4350 LJ VILLAGE DR C/O TAX DEPT |                                 |
| STREET ADDRESS |               | SAN DIEGO CA                    |                                 |
| CITY-ST-ZIP    |               |                                 |                                 |
| TITLE          | VSD           | <del>HAGEMAN, DOUGLAS L</del>   | <input type="checkbox"/> DELETE |
| NAME           |               | 4350 LJ VILLAGE DR C/O TAX DEPT |                                 |
| STREET ADDRESS |               | SAN DIEGO CA                    |                                 |
| CITY-ST-ZIP    |               |                                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS | <b>*400</b>   |
| 1.4 CITY-ST-ZIP    | <b>92122-1233</b>   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Weldon G. Larsen</b>   |
| 2.3 STREET ADDRESS | <b>#400 ←</b>   |
| 2.4 CITY-ST-ZIP    | <b>92122-1233 ←</b>   |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>Wayne Finley</b>   |
| 3.3 STREET ADDRESS | <b>#400 ←</b>   |
| 3.4 CITY-ST-ZIP    | <b>92122-1233 ←</b>   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS | <b>#400</b>   |
| 4.4 CITY-ST-ZIP    | <b>92122-1233</b>   |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>V/T/D</b>  |
| 5.3 STREET ADDRESS | <b>#400 ←</b>   |
| 5.4 CITY-ST-ZIP    | <b>92122-1233 ←</b>   |
| 6.1 TITLE          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>Douglas L. Hageman</b>   |
| 6.3 STREET ADDRESS | <b>*400 ←</b>   |
| 6.4 CITY-ST-ZIP    | <b>92122-1233 ←</b>   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ **Wiley** 4-26-96 (619) 546-3579  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_  
Date Daytime Phone #

CR2E034 (12/95)

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HAHN PROPERTY MANAGEMENT CORPORATION  
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LIST OF ADDITIONAL OFFICERS:

|                        |                     |
|------------------------|---------------------|
| ROBERT L. SORENSEN     | VICE PRESIDENT      |
| RICHARD J. SMITH       | VICE PRESIDENT      |
| TERRI POWERS           | VICE PRESIDENT      |
| KURT SULLIVAN          | VICE PRESIDENT      |
| WILLIAM A. SPEER       | VICE PRESIDENT      |
| RICHARD M. HAY         | VICE PRESIDENT      |
| RICHARD A. FROESE, JR. | VICE PRESIDENT      |
| ALBERTA DAVIDSON       | VICE PRESIDENT      |
| MIKE CROLL             | VICE PRESIDENT      |
| HOLLY A. LIBERATORE    | ASSISTANT SECRETARY |
| MARK P. RILEY          | ASSISTANT SECRETARY |
| RICHARD A. KOOP        | ASSISTANT SECRETARY |
| HOLLI G. HURLEY        | ASSISTANT SECRETARY |

THE ADDRESS FOR THE OFFICERS LISTED ABOVE IS AS FOLLOWS:

C/O TAX  
4350 L.J. VILLAGE DRIVE; # 400  
SAN DIEGO, CALIFORNIA 92122-1233