


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003405
 1. Entity Name
FOUNDATION PROPERTY MANAGEMENT, INC.



Principal Place of Business Mailing Address
911 N STUDEBAKER RD 911 N STUDEBAKER RD
LONG BEACH, CA 90815-4900 LONG BEACH, CA 90815-4900

DO NOT WRITE IN THIS SPACE



01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number **95-3651050** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000044653
 02/11/04-90030-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADER, WILLIAM E 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MASUDA, TOM S 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTMAN, STUART 911 N STUDEBAKER LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISTOE, LINDA 911 STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAST, RAYMOND 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAWATA, TERUO 911 STUDEBAKER RD LONG BEACH, CA 908154900

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda Listoe **Linda Listoe, Sec.** 02/05/2004 562/257-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #