

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211517543

1.) CORPORATION NAME:

KAISER FOUNDATION HOSPITALS

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

DUE DATE: **8/31/2011**

SCC ID NO: **F0370900**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE KAISER PLAZA

CITY/ST/ZIP: OAKLAND, CA 94612-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THOMAS R MEIER
TITLE: SR VP/TREAS
ADDRESS: ONE KAISER PLAZA
CITY/ST/ZIP/CO: OAKLAND, CA 94612-

OFFICER

DIRECTOR

NAME: DEBORAH STOKES
TITLE: SR VP CAO/CONT
ADDRESS: ONE KAISER PLAZA
CITY/ST/ZIP/CO: OAKLAND, CA 94612-

OFFICER

DIRECTOR

NAME: BERNARD J TYSON
TITLE: PRES/COO
ADDRESS: ONE KAISER PLAZA
CITY/ST/ZIP/CO: OAKLAND, CA 94612-

OFFICER

DIRECTOR

NAME: MARK S ZEMELMAN
TITLE: SR VP/SEC
ADDRESS: ONE KAISER PLAZA
CITY/ST/ZIP/CO: OAKLAND, CA 94612-

OFFICER

DIRECTOR

NAME: GEORGE C HALVORSON
TITLE: COB/CEO
ADDRESS: ONE KAISER PLAZA
CITY/ST/ZIP/CO: OAKLAND, CA 94612-

OFFICER

DIRECTOR

| | | | |
|--|--|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | CHRISTINE K CASSEL MD DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | THOMAS W CHAPMAN EDD DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DANIEL P GARCIA DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | WILLIAM R GRABER DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | J EUGENE GRIGSBY III PHD DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JUDITH A JOHANSEN JD DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | KIM J KAISER DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | PHILIP A MARINEAU DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JENNY J MING DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | EDWARD PEI DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

| | | |
|--|---|------------------|
| NAME: J NEAL PURCELL TITLE: DIRECTOR ADDRESS: ONE KAISER PLAZA CITY/ST/ZIP/CO: OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: CYNTHIA A TELLES PHD TITLE: DIRECTOR ADDRESS: ONE KAISER PLAZA CITY/ST/ZIP/CO: OAKLAND, CA 94612- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: VICTORIA B ZATKIN TITLE: ASST SECRETARY ADDRESS: ONE KAISER PLAZA CITY/ST/ZIP/CO: OAKLAND, CA 94612- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | |
| /s/ VICTORIA B ZATKIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | VICTORIA B ZATKIN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE | 8/4/2011 DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | |