

1.) CORPORATION NAME:

**KAISER FOUNDATION HOSPITALS**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0370900**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

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:	BERNARD J TYSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/COO		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	THOMAS R MEIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/TREAS		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	DEBORAH STOKES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CAO/CONT		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	MARK S ZEMELMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/SEC		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	VICTORIA B ZATKIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	GEORGE C HALVORSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB/CEO		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		

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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J NEAL PURCELL DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA A TELLES PHD DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEG PORFIDO, JD DIRECTOR ONE KAISER PLAZA OAKLAND, CA 94612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	8/22/2012 DATE
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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.