

1.) CORPORATION NAME:

**CITY OF HOPE NATIONAL MEDICAL CENTER**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1039181**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1055 WILSHIRE BLVD 12TH FLOOR

CITY/ST/ZIP: LOS ANGELES, CA 90017

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT STONE	
TITLE:	PRESIDENT	
ADDRESS:	1500 EAST DUARTE ROAD	
CITY/ST/ZIP/CO:	DUARTE, CA 91010	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Wael Fakhry	
TITLE:	ASST TREASURER	
ADDRESS:	1500 EAST DUARTE ROAD	
CITY/ST/ZIP/CO:	DUARTE, CA 91010	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD MAGNUSON	
TITLE:	TREASURER	
ADDRESS:	1500 EAST DUARTE ROAD	
CITY/ST/ZIP/CO:	DUARTE, CA 91010	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL BLODGETT	
TITLE:	ASST SECRETARY	
ADDRESS:	1055 WILSHIRE BLVD 12TH FL	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 91010	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KATHLEEN KANE	
TITLE:	ASST SECRETARY	
ADDRESS:	1055 WILSHIRE BLVD	
CITY/ST/ZIP/CO:	12TH FLOOR LOS ANGELES, CA 90017	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM SARGEANT	
TITLE:	ASST SECRETARY	
ADDRESS:	1500 EAST DUARTE ROAD	
CITY/ST/ZIP/CO:	DUARTE, CA 91010	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY SCHETINA SECRETARY 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDOLPH P BEATTY DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERI J BILLER DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M BOUSHY DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER L CAPPELLO DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A COOK DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY C FREEDMAN DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDDY W HARTENSTEIN DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SELWYN ISAKOW DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL E KEANE DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY LEVITT DIRECTOR 1500 EAST DUARTE DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JODY HOROWITZ MARSH TITLE: DIRECTOR ADDRESS: 1500 EAST DUARTE ROAD CITY/ST/ZIP/CO: DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NORMAN C PAYSON TITLE: DIRECTOR ADDRESS: 1500 EAST DUARTE ROAD CITY/ST/ZIP/CO: DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TERRY R PEETS TITLE: DIRECTOR ADDRESS: 1500 EAST DUARTE ROAD CITY/ST/ZIP/CO: DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANTHONY E SCOTT TITLE: DIRECTOR ADDRESS: 1500 EAST DUARTE ROAD CITY/ST/ZIP/CO: DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM C SCOTT TITLE: DIRECTOR ADDRESS: 1500 EAST DUARTE CITY/ST/ZIP/CO: DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD J SILVERMAN TITLE: DIRECTOR ADDRESS: 1500 EAST DUARTE ROAD CITY/ST/ZIP/CO: DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" 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/ ROBERT STONE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT STONE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/1/2014 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.		