


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0000004853

1. Entity Name
HEADLANDS REALTY CORPORATION



FILED
04 FEB 18 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**PIER 1
BAY 1
SAN FRANCISCO, CA 94111**

Mailing Address
**PIER 1
BAY 1
SAN FRANCISCO, CA 94111**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02032004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
94-3306155

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
100029318961

City State Zip Code
02/24/04--01053--003 **150.00
FL

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BAIRD, W. BLAKE	
STREET ADDRESS	PIER 1 BAY 1	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	V	<input type="checkbox"/> Delete
NAME	HIGGINS, TYLER W	
STREET ADDRESS	PIER 1 BAY 1	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	SVGC	<input type="checkbox"/> Delete
NAME	BROWNE, TAMRA D	
STREET ADDRESS	PIER 1 BAY 1	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	V	<input type="checkbox"/> Delete
NAME	HESLER, NEAL C	
STREET ADDRESS	60 STATE ST	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRIES, DAVID S	
STREET ADDRESS	60 STATE ST	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	COKE, MICHAEL A	
STREET ADDRESS	PIER 1 BAY 1	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baird, W. Blake	
STREET ADDRESS	Pier 1, Bay 1	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Higgins, Tyler W.	
STREET ADDRESS	Pier 1, Bay 1	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	V/GC/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Browne, Tamra D.	
STREET ADDRESS	Pier 1, Bay 1	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hesler, Neal C.	
STREET ADDRESS	60 State Street, Ste 3700	
CITY-ST-ZIP	Boston, MA 02109	
TITLE	EV/AS/AT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fries, David S.	
STREET ADDRESS	60 State Street, Ste 3700	
CITY-ST-ZIP	Boston, MA 02109	
TITLE	EV/T/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coke, Michael A.	
STREET ADDRESS	Pier 1, Bay 1	
CITY-ST-ZIP	San Francisco, CA 94111	


12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Michael A. Coke Michael A. Coke, EVP, Treas. & Asst. Sec. 2/13/2004 (415) 394-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

15 292

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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 94-3306155	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIRD, W. BLAKE		NAME	Roberts, John T.	
STREET ADDRESS	PIER 1 BAY 1		STREET ADDRESS	Pier 1, Bay 1	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, TYLER W		NAME		
STREET ADDRESS	PEIR 1 BAY 1		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
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STREET ADDRESS	60 STATE ST		STREET ADDRESS		
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TITLE	VPST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKE, MICHAEL A		NAME		
STREET ADDRESS	PIER 1 BAY 1		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
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SIGNATURE: _____			Michael A. Coke, EVP, Treas. & Asst. Sec.		(415) 394-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #