FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005792 (7)**

1. Corporation Name
THE POINTE APARTMENTS, INC.

Principal Place of Business	Mailing Address
950 TOWER LANE FOSTER CITY CA 94404	950 TOWER LANE FOSTER CITY CA 94404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **1 California Street**
Suite, Apt. #, etc.
22 **Suite 1400**
City & State
23 **San Francisco, CA**
Zip 24 **94111-5415** Country 25 **USA**

2a. Mailing Address
26 **1 California Street**
Suite, Apt. #, etc.
27 **Suite 1400**
City & State
28 **San Francisco, CA**
Zip 29 **94111-5415** Country 30 **USA**

4. FEI Number: **94-3192438** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the capacity (NOTE: Registered Agent signature required when name change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDP	11 TITLE	D/P/CEO	☒ Change ☐ Addition
NAME	FIDDAMAN, ROBERT A	12 NAME		
STREET ADDRESS	950 TOWER LANE	13 STREET ADDRESS	1 California Street, Suite 1400	
CITY-ST-ZIP	FOSTER CITY CA 94404	14 CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	BENNETT, W. VERNON JR.	22 NAME		
STREET ADDRESS	950 TOWER LANE	23 STREET ADDRESS	1 California Street, Suite 1400	
CITY-ST-ZIP	FOSTER CITY CA 94404	24 CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	DEV	31 TITLE		☒ Change ☐ Addition
NAME	ZUZACK, RONALD E	32 NAME		
STREET ADDRESS	950 TOWER LANE	33 STREET ADDRESS	1 California Street, Suite 1400	
CITY-ST-ZIP	FOSTER CITY CA	34 CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	SVS	41 TITLE	EV/S	☒ Change ☐ Addition
NAME	HOWERTON, HERMAN H	42 NAME		
STREET ADDRESS	950 TOWER LANE	43 STREET ADDRESS	1 California Street, Suite 1400	
CITY-ST-ZIP	FOSTER CITY CA	44 CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	SVT	51 TITLE	EV/T	☒ Change ☐ Addition
NAME	GIUSTI, MARGOT M	52 NAME		
STREET ADDRESS	950 TOWER LANE	53 STREET ADDRESS	1 California Street, Suite 1400	
CITY-ST-ZIP	FOSTER CITY CA	54 CITY-ST-ZIP	San Francisco, CA 94111	
TITLE		61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	Archibald, Carroll H.	
STREET ADDRESS		63 STREET ADDRESS	1 California Street, Suite 1400	
CITY-ST-ZIP		64 CITY-ST-ZIP	San Francisco, CA 94111	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. Howerton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Herman H. Howerton

Date: 4/5/95

Daytime Phone #: 415/678-2000

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Attachment to the 1995 Corporation Annual Report for The Pointe Apartments, Inc.

12. List of Officers (cont'd.)

V
Curtis W. Watts
1 California Street, Suite 1400
San Francisco, CA 94111