

**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

DOCUMENT # **F94000001813 (4)**

1. Corporation Name  
**HEADLANDS MORTGAGE COMPANY**

FILED

95 JAN 27 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**700 LARKSPUR LANDING CIRCLE #250**  
**LARKSPUR CA 94939**

3. Date Incorporated or Qualified **04/08/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip Country 29 Zip Country 30

4. FEI Number **94-2851992** 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

**C T 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **PAUL, PETER T**  
STREET ADDRESS **1100 LARKSPUR LANDING CIRCLE**  
CITY-ST-ZIP **LARKSPUR CA 94939**

TITLE **D**  
NAME **HART, DENNIS**  
STREET ADDRESS **1100 LARKSPUR LANDING CIRCLE**  
CITY-ST-ZIP **LARKSPUR CA 94939**

TITLE **EV**  
NAME **POISSON, BECKY**  
STREET ADDRESS **1100 LARKSPUR LANDING CIRCLE**  
CITY-ST-ZIP **LARKSPUR CA 94939**

TITLE **SV**  
NAME **BOLAND, MICHAEL**  
STREET ADDRESS **1100 LARKSPUR LANDING CIRCLE**  
CITY-ST-ZIP **LARKSPUR CA 94939**

TITLE **SV**  
NAME **CODDAIRE, KATIE**  
STREET ADDRESS **1100 LARKSPUR LANDING CIRCLE**  
CITY-ST-ZIP **LARKSPUR CA 94939**

TITLE **SV**  
NAME **FRANKLIN, ALICIA**  
STREET ADDRESS **1100 LARKSPUR LANDING CIRCLE**  
CITY-ST-ZIP **LARKSPUR CA 94939**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME **ART MARTINSON**  
1.3 STREET ADDRESS **700 LARKSPUR LANDING CIRCLE #250**  
1.4 CITY-ST-ZIP **LARKSPUR, CA 94939**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(b), Florida Statutes. I further certify that the information indicated on this 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ART MARTINSON**

(TYPE)

**1/30/95**

(TYPE) PHONE #

**(415) 461-6770**