

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000001813 (4)**

1. Corporation Name

HEADLANDS MORTGAGE COMPANY



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

3. Date Incorporated or Qualified 04/08/1994	3a. Date of Last Report 01/27/1995
4. FEI Number 94-2851992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150B, 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 _____ (NOTE: Registered Agent signature required when reestablishing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHINSEN, ART	1.2 NAME	
STREET ADDRESS	700 LARKSPUR LANDING CIRCLE #250	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, DENNIS	2.2 NAME	
STREET ADDRESS	1100 LARKSPUR LANDING CIRCLE	2.3 STREET ADDRESS	700 LARKSPUR LANDING CIRCLE #250
CITY-ST-ZIP	LARKSPUR CA 94939	2.4 CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POISSON, BECKY	3.2 NAME	
STREET ADDRESS	1100 LARKSPUR LANDING CIRCLE	3.3 STREET ADDRESS	700 LARKSPUR LANDING CIRCLE #250
CITY-ST-ZIP	LARKSPUR CA 94939	3.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLAND, MICHAEL	4.2 NAME	
STREET ADDRESS	1100 LARKSPUR LANDING CIRCLE	4.3 STREET ADDRESS	700 LARKSPUR LANDING CIRCLE #250
CITY-ST-ZIP	LARKSPUR CA 94939	4.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODDAIRE, KATIE	5.2 NAME	
STREET ADDRESS	1100 LARKSPUR LANDING CIRCLE	5.3 STREET ADDRESS	700 LARKSPUR LANDING CIRCLE #250
CITY-ST-ZIP	LARKSPUR CA 94939	5.4 CITY-ST-ZIP	
TITLE	SV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN, ALICIA	6.2 NAME	
STREET ADDRESS	1100 LARKSPUR LANDING CIRCLE	6.3 STREET ADDRESS	P/D PETER T. PAUL 700 LARKSPUR LANDING CIRCLE #250
CITY-ST-ZIP	LARKSPUR CA 94939	6.4 CITY-ST-ZIP	LARKSPUR CA 94939

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)(h), 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 changed, on an attachment with an address.

SIGNATURE: ART MARTINSEN, VICE PRESIDENT 3/7/96 (415) 461-6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)