

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 94939-1755
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1994	3a. Date of Last Report 03/19/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-2851992	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstalling) 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, DENNIS	2.2 NAME	
STREET ADDRESS	700 LARKSPUR LANDING CIRCLE #250	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CA	2.4 CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POISSON, BECKY	3.2 NAME	
STREET ADDRESS	700 LARKSPUR LANDING CIRCLE #250	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CA	3.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLAND, MICHAEL	4.2 NAME	
STREET ADDRESS	700 LARKSPUR LANDING CIRCLE #250	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CA	4.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODDAIRE, KATIE	5.2 NAME	
STREET ADDRESS	700 LARKSPUR LANDING CIRCLE #250	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CA	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, PETER T.	6.2 NAME	
STREET ADDRESS	700 LARKSPUR LANDING CIRCLE #250	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CA	6.4 CITY-ST-ZIP	

14. I do 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 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, or in an attachment with an address.

SIGNATURE: ART MARTHINSEN, VP 4/15/97 (415) 461-6790
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)