

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

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000001813 (4)**  
 1. Corporation Name  
**HEADLANDS MORTGAGE COMPANY**



Principal Place of Business <b>700 LARKSPUR LANDING CIRCLE #250 LARKSPUR CA 94939</b>	Mailing Address <b>700 LARKSPUR LANDING CIRCLE #250 LARKSPUR CA 94939</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/08/1994</b>	
21 <b>1100 LARKSPUR LANDING CIR</b>	26 <b>1100 LARKSPUR LANDING CIRCLE</b>	4. FEI Number <b>94-2851992</b>		Applied For <input type="checkbox"/> Not Applicable	
22 <b>#101</b>	27 <b>#101</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>LARKSPUR CA</b>	28 <b>LARKSPUR CA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>94939</b>	25 <b>USA</b>	29 <b>94939</b>		30 <b>USA</b>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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 \_\_\_\_\_ (NOTL Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V</b>	1.2 NAME	
STREET ADDRESS	<b>MARTHINSEN, ART</b>	1.3 STREET ADDRESS	<b>1100 LARKSPUR LANDING CIRCLE #101</b>
CITY-ST-ZIP	<b>700 LARKSPUR LANDING CIRCLE #250 LARKSPUR CA</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>	2.2 NAME	<b>EV</b>
STREET ADDRESS	<b>HART, DENNIS</b>	2.3 STREET ADDRESS	<b>GILBERT MACQUARRIE</b>
CITY-ST-ZIP	<b>700 LARKSPUR LANDING CIRCLE #250 LARKSPUR CA</b>	2.4 CITY-ST-ZIP	<b>1100 LARKSPUR LANDING CIRCLE #101 LARKSPUR, CA 94939</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EV</b>	3.2 NAME	
STREET ADDRESS	<b>POISSON, BECKY</b>	3.3 STREET ADDRESS	<b>1100 LARKSPUR LANDING CIRCLE #101</b>
CITY-ST-ZIP	<b>700 LARKSPUR LANDING CIRCLE #250 LARKSPUR CA</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SV</b>	4.2 NAME	
STREET ADDRESS	<b>BOLAND, MICHAEL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>700 LARKSPUR LANDING CIRCLE #250 LARKSPUR CA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SV</b>	5.2 NAME	
STREET ADDRESS	<b>CODDAIRE, KATIE</b>	5.3 STREET ADDRESS	<b>1100 LARKSPUR LANDING CIRCLE #101</b>
CITY-ST-ZIP	<b>700 LARKSPUR LANDING CIRCLE #250 LARKSPUR CA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD</b>	6.2 NAME	
STREET ADDRESS	<b>PAUL, PETER T.</b>	6.3 STREET ADDRESS	<b>1100 LARKSPUR LANDING CIRCLE #101</b>
CITY-ST-ZIP	<b>700 LARKSPUR LANDING CIRCLE #250 LARKSPUR CA</b>	6.4 CITY-ST-ZIP	

14. 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 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, 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 on an attachment with an address.

SIGNATURE: *[Signature]* ART MARTHINSEN VP 2/10/98 (415) 461-6790

CR2E034 (10/97)