

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

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90045 014 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000001813**

1. Corporation Name
HEADLANDS MORTGAGE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1100 LARKSPUR LANDING CIR SUITE 101 LARKSPUR CA 94939 US**
 Mailing Address: **1100 LARKSPUR LANDING CIR SUITE 101 LARKSPUR CA 94939 US**

3. Date Incorporated or Qualified: **04/08/1994**
 4. FEI Number: **94-2851992**
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, City, State, Zip, and Country.

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 (81-85) fields.

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	1100 LARKSPUR LANDING CIR SUITE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CA	1.4 CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACQUARRIE, GILBERT	2.2 NAME	
STREET ADDRESS	1100 LARKSPUR LANDING CIR SUITE 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CA 94939	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	1100 LARKSPUR LANDING CIR SUITE 101	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	CODDAIRE, KATIE	4.2 NAME	
STREET ADDRESS	1100 LARKSPUR LANDING CIR SUITE 101	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CA	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, PETER T.	5.2 NAME	
STREET ADDRESS	1100 LARKSPUR LANDING CIR SUITE 101	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **ART MARTHINSEN, VP**, 01/19/99 (415) 461-6790
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)