2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0000004853 1. Entity Name					ELED					
HEADLANDS REALTY CORPORATION					CHEBIS PM 2:54					
PIER 1 BAY 1	e of Business SCO, CA 94111	Mailing Address PIER 1 BAY 1 SAN FRANCISCO, CA 94111			OLFEB-18 PM 2.0 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal F	flace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02032004	Chg-P	g-P CR2E034 (10/03)			
City & State		City & State			4. FEI Number 94-3306155		Applied For Not Applicable			
Zip	Country	Zíp	Count	ry	5. Certificate of Status Desired		Fee Required			
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET			,	Street Address	(P.O. Box Number is Not Acceptable)					
TALLAHA: 	SSEE, FL 32301-2525			02/24/0401053003 **150.00						
				City			FL Zip Cod			
	named entity submits this statement ions of registered agent.	or the purpose of changing	its registere	d office or registe	ered agent, or both, in t	he State of Flo	rida. I am familiar with,	and accept		
SIGNATURE.	Signature, typed or printed name of registered ages	nt and title if applicable. (N	IOTE: Registered	Agent signature require	ed when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Cam Trust Fund Co		cing \$8	5.00 May Be ded to Fees					
10.	OFFICERS ANI		11.	 :	ADDITIONS/CHAP	GES TO OFFI	CERS AND DIRECTOR			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAIRD, W. BLAKE PIER 1 BAY 1 SAN FRANCISCO, CA 94111	☐ Delete		Bairo Pier	D/P I, W. Blake I, Bay 1 Francisco, CA 94111	1	Change	☐ Addition :		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGGINS, TYLER W PEIR 1 BAY 1 SAN FRANCISCO, CA 94111	☐ Delete		T ADDRESS Pier	gins, Tyler W. 1, Bay 1 Francisco, CA 94111	1	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC Delete TITL BROWNE, TAMRA D NAM STRI			Broomess Pic	GC/S owne, Tamra D. er I, Bay I n Francisco, CA 9411	· ······ !	hange	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HESLER, NEAL C 60 STATE ST BOSTON, MA 02109	□ Delete		TADDRESS 60 S	ler, Neal C. tate Street, Ste 3700 ton, MA 02109		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIES, DAVID S 60 STATE ST BOSTON, MA 02109	☐ Delete		Fri TADDRESS 60	V/AS/AT/D es, David S. State Street, Ste 3700 ston, MA 02109	!	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST COKE, MICHAEL A PIER 1 BAY 1 SAN FRANCISCO, CA 94111	□ Delete		Co T ADDRESS Pio	V/T/AS oke, Michael A. et 1, Bay 1 n Francisco, CA 9411	1	Change	Addition		
l indiastád	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em, or on an attachment with an address	is true and accurate and the concered to execute this rep with all other like empower	at my signati ort as requir ed.	ure shall have the ed by Chapter 60	same legal effect as if 07, Florida Statutes; and	made under o I that my name	ath; that I am an officer appears in Block 10 o	r or director r Block 11 if		
SIGNATURE: Michael A. Coke, EVP, Treas. & Asst. Sec. 2 3 200 (415) 394-9000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Disprisor Priors #										

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DOCUMENT # F0000004853 1. Entity Name HEADLANDS REALTY CORPORATION											
Principal Place of Business PIER 1 BAY 1 SAN FRANCISCO, CA 94111		Mailing Address PIER 1 BAY 1 SAN FRANCISCO, CA 94111									
2. Principal Pl	ace of Business	3. Mailing Address				\$ \$8 88 \$8 \$8	[]				
Suite, Apt.	ŧ, etc.	Suite, Apt. #, etc.			02032004						
City & State		City & State			0.000.00				t Applicable		
Zip	Country	Zip	Country		<u></u>	ificate of Status Desired					
	6. Name and Address of Curren	N _i	7. Name and Address of New Registered Agent Name								
	CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHAS	TALLAHASSEE, FL 32301-2525										
				City FL Zip Code							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if applicable, (NO	TE: Registered Age	nt signature required	d when reinstating)		DATE				
FILI After Ma	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Cor		9 \$5. □ Add	.00 May Be led to Fees						
10.	OFFICERS AN		11.		ADDITIONS/	CHANGES TO OFF		DIRECTORS ☐ Change	S IN 11 Addition		
NAME STREET ADDRESS CITY-ST-ZIP	BAIRD, W. BLAKE PIER 1 BAY 1			D Roberts, John T. Pier 1, Bay 1 San Francisco, CA 94111							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGGINS, TYLER W PEIR 1 BAY 1 SAN FRANCISCO, CA 94111	☐ Delete	TITLE NAME STREET AD CITY-ST-2					Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC BROWNE, TAMRA D PEIR 1 BAY 1 SAN FRANCISCO, CA 94111	☐ Delete	TITLE NAME STREET AL CITY-ST-	l l			,	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HESLER, NEAL C 60 STATE ST BOSTON, MA 02109	☐ Delete	TITLE NAME STREET AL CITY-ST-		·			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIES, DAVID S 60 STATE ST BOSTON, MA 02109	☐ Delete	TITLE NAME STREET AL CITY-ST-					☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST COKE, MICHAEL A PIER 1 BAY 1 SAN FRANCISCO, CA 94111	☐ Delete	TITLE NAME STREET AI CITY-ST-	ZiP				☐ Change	Addition .		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNAT	TURE:	Michael A. O		√P, Trea	s. & Asst.	Sec.		5) 394- sytime Phone #	9000		
	SIGNATURE AND TYPED C	ALL PROTECTION AND OF SIGNING OFFICE									