

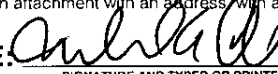



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

pg 1

<b>DOCUMENT # F00000004853</b> 1. Entity Name <b>HEADLANDS REALTY CORPORATION</b>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">04 FEB 18 PM 2:54</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>PIER 1 BAY 1 SAN FRANCISCO, CA 94111</b>		Mailing Address <b>PIER 1 BAY 1 SAN FRANCISCO, CA 94111</b>					
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
City & State  Zip		City & State  Zip					
4. FEI Number <b>94-3306155</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>100029318961</b> <b>02/24/04--01053--003 **150.00</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAIRD, W. BLAKE PIER 1 BAY 1 SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P Baird, W. Blake Pier 1, Bay 1 San Francisco, CA 94111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGGINS, TYLER W PEIR 1 BAY 1 SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Higgins, Tyler W. Pier 1, Bay 1 San Francisco, CA 94111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC BROWNE, TAMRA D PEIR 1 BAY 1 SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/GC/S Browne, Tamra D. Pier 1, Bay 1 San Francisco, CA 94111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HESLER, NEAL C 60 STATE ST BOSTON, MA 02109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hesler, Neal C. 60 State Street, Ste 3700 Boston, MA 02109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIES, DAVID S 60 STATE ST BOSTON, MA 02109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/AS/AT/D Fries, David S. 60 State Street, Ste 3700 Boston, MA 02109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST COKE, MICHAEL A PIER 1 BAY 1 SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/T/AS Coke, Michael A. Pier 1, Bay 1 San Francisco, CA 94111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.							
SIGNATURE: 				Michael A. Coke, EVP, Treas. & Asst. Sec. 2/13/2004 (415) 394-9000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGGINS, TYLER W PIER 1 BAY 1 SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC BROWNE, TAMRA D PIER 1 BAY 1 SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>SIGNATURE:</b> _____			<b>Michael A. Coke, EVP, Treas. &amp; Asst. Sec.      (415) 394-9000</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		