

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90001 016 ****61.25

DOCUMENT # F00000005303

1. Entity Name

REEDY BRANCH SHOPPING CENTER, INC.



Principal Place of Business

980 9TH STREET
1800
SACRAMENTO, CA 95814-2727

Mailing Address

980 9TH STREET
1800
SACRAMENTO, CA 95814-2727

54067335



07132004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0926186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

Filing Fee is \$61.25

Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DESCAMP, JOHN R
STREET ADDRESS	980 9TH STREET #1800
CITY-ST-ZIP	SACRAMENTO, CA 958142727
TITLE	VD
NAME	STATES, JEFFREY W
STREET ADDRESS	980 9TH STREET #1800
CITY-ST-ZIP	SACRAMENTO, CA 958142727
TITLE	SD
NAME	LIKARICH, SUZANNE
STREET ADDRESS	980 9TH STREET #1800
CITY-ST-ZIP	SACRAMENTO, CA 958142727
TITLE	TD
NAME	REGALIA, KATHRYN T
STREET ADDRESS	980 9TH STREET #1800
CITY-ST-ZIP	SACRAMENTO, CA 958142727
TITLE	D
NAME	OTTMAN, LARRY
STREET ADDRESS	980 9TH STREET #1800
CITY-ST-ZIP	SACRAMENTO, CA 958142727
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 617, 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: *Kathryn T. Regalia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn T. Regalia
Treasurer

Date

7/30/04

(916) 874-9088

Daytime Phone #