


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
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54067335



07132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE# Number 33-0926186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____

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

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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 an other like empowered.

SIGNATURE: Kathryn T. Regalia Kathryn T. Regalia 7/30/04 (916) 874-9088
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #