

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000001410

1. Entity Name
RAINBOW HOUSING ASSISTANCE CORPORATION



Principal Place of Business
**556 COMMERCIAL STREET, SUITE 300
 SAN FRANCISCO, CA 94111**

Mailing Address
**556 COMMERCIAL STREET, SUITE 300
 SAN FRANCISCO, CA 94111**



01202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **30-0108119** 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 ROAD
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000412188
 02/10/06-80037-004 61.25

10. OFFICERS AND DIRECTORS

TITLE **PCD**
 NAME **SHERMAN, JOSEPH L**
 STREET ADDRESS **556 COMMERCIAL STREET, SUITE 300**
 CITY-ST-ZIP **SAN FRANCISCO, CA 94111**

TITLE **ST**
 NAME **KOSLOSKY, CHARLES**
 STREET ADDRESS **556 COMMERCIAL STREET, SUITE 300**
 CITY-ST-ZIP **SAN FRANCISCO, CA 94111**

TITLE **D**
 NAME **SILVERSMITH, GARY**
 STREET ADDRESS **556 COMMERCIAL STREET, SUITE 300**
 CITY-ST-ZIP **SAN FRANCISCO, CA 94111**

TITLE **D**
 NAME **SMIRNIOTOPOLOUS, PETER E**
 STREET ADDRESS **556 COMMERCIAL STREET, SUITE 300**
 CITY-ST-ZIP **SAN FRANCISCO, CA 94111**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ch Sherman Charles Koslosky 1-25-06 415-788-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #