

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001410

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** RAINBOW HOUSING ASSISTANCE CORPORATION

**Current Principal Place of Business:**

556 COMMERCIAL STREET, SUITE 300  
SAN FRANCISCO, CA 94111 US

**New Principal Place of Business:**

**Current Mailing Address:**

556 COMMERCIAL STREET, SUITE 300  
SAN FRANCISCO, CA 94111 US

**New Mailing Address:**

**FEI Number:** 30-0108119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: SHERMAN, JOSEPH L  
Address: 556 COMMERCIAL STREET, SUITE 300  
City-St-Zip: SAN FRANCISCO, CA 94111 US

Title: ED  
Name: JANISSE, FLYNANN  
Address: 556 COMMERCIAL STREET, SUITE 300  
City-St-Zip: SAN FRANCISCO, CA 94111 US

Title: D  
Name: SILVERSMITH, GARY  
Address: 556 COMMERCIAL STREET, SUITE 300  
City-St-Zip: SAN FRANCISCO, CA 94111 US

Title: D  
Name: ROSENTHAL, KEITH  
Address: 556 COMMERCIAL STREET, SUITE 300  
City-St-Zip: SAN FRANCISCO, CA 94111 US

Title: D  
Name: ALLEN, JOSHUA  
Address: 556 COMMERCIAL STREET, SUITE 300  
City-St-Zip: SAN FRANCISCO, CA 94111 US

Title: D  
Name: FAYNE, STEVEN  
Address: 556 COMMERCIAL STREET, SUITE 300  
City-St-Zip: SAN FRANCISCO, CA 94111 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL JOHNSON

CONT

04/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date