2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| DOCUMENT # F03000001770 1. Enbity Name  |  |       |  |                        |  | Mar 05, 2004 08:00 AM<br>Secretary of State                |   |                               |  |
|---|--|-------|--|------------------------|--|--|---|-------------------------------|--|
| SJW LAND COMPANY  |  |       |  |                        |  |  |   |                               |  |
| Principal Place of Business   |  |       | Mailing Address                                |                        |  |  |   |                               |  |
| 374 W. SANTA CLARA STREET<br>SAN JOSE CA 95113  |  |       | 374 W. SANTA CLARA STREET<br>SAN JOSE CA 95113 |                        |  |  |   |                               |  |
| 2. Principal Place of Business  |  |       | 3. Mailing Address                             |                        |  |  |   |                               |  |
| Suite, Apt. #, etc.   |  |       | Suite, Apt. #. etc.                            |                        |  |  | MOORE CR2E034 (11/03)                   |                               |  |
| City & State  |  |       | City & State                                   |                        |  | <b>4.</b> F  | 77 009595/1                             | Applied For<br>Not Applicable |  |
| Zıp   | Country  | Zip   |  | try                    | 5. Certificate of Status Desired S8.75 Additional Fee Required |  |   |                               |  |
| 6. Name and Address of Current Registered Agent   |  |       |  |                        | 7. Name and Address of New Registered Agent Name               |  |   |                               |  |
| NRAI SERVICES, INC.<br>526 E. PARK AVENUE   |  |       |  |                        | Street Address (P.O. Box Number is Not Acceptable)             |  |   |                               |  |
| TALLAHASSEE FL 32301  |  |       |  |                        |  |  |   |                               |  |
|   |  |       |  |                        | City   | FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating).  |  |       |  |                        |  |  |   |                               |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  |  |       |  |                        |  |  |   | .00 May Be<br>led to Fees     |  |
| 10. OFFICERS AND DIRECTORS  |  |       |  |                        |  |  | DITIONS/CHANGES TO OFFICERS AND DIRECTO |                               |  |
| TFRLE<br>NAME   | PCEO<br>ROTH, W. RICHARD                                 |       |  |                        | }  | □ Change □ Addition U00000076584 03/05/04-80008-013 150.00 |   |                               |  |
|   | 374 W. SANTA CLARA S<br>SAN JOSE CA 95113                | TREET |  |                        | ET ADDRESS<br>-ST-Z3P  |  |   |                               |  |
| TITLE   | T  |       | ☐ Delete 11TLE                                 |                        | }  |  | Chang                                   | e 🔲 Addition                  |  |
| NAME<br>STREET ADDRESS<br>CSTY-ST-ZIP   | YIP, ANGELA<br>374 W. SANTA CLARA S<br>SAN JOSE CA 95113 | TREET |  |                        | ET ADDRESS<br>-ST-ZIP  |  |   |                               |  |
| MILE  | S  |       | Delete 117                                     |                        |  |  | ☐ Chang                                 | e 🔲 Addition                  |  |
| NAME  | LOEHR, ROBERT A  |       | na   |                        | · {  |  |   |                               |  |
| CITY-ST-IP  | SAN JOSE CA 95113  |       |  |                        | STRFFT ADDRESS<br>CITY-ST-ZIP                                  |  |   | <del></del>                   |  |
| TITLE   | D CALL MARKS FRO   |       | ☐ Delete                                       | TIME                   |  |  | ☐ Chang                                 | e 🔲 Addition                  |  |
| NAME<br>STREET ADDRESS  | CALI, MARK L ESQ<br>1531 HIGUERA STREET                  |       | - 8  | NAME<br>STREET ADDRESS |  |  |   |                               |  |
| CITY-ST-ZIP   | SAN LUIS OBISPO CA 93401                                 |       |  | CITY                   | -ST-ZIP  |  |   |                               |  |
| title<br>Name   | D<br>KING, DOUGLAS                                       |       | ☐ Delete                                       | TITLE                  | · }  |  | ☐ Chang                                 | e 🔲 Addition                  |  |
| STREET ADDRESS  | ADDRESS 465 EL CENTRO ROAD                               |       |  | NAME<br>STREET ADDRESS |  |  |   |                               |  |
| CITY-ST-ZIP   |  |       |  | CITY                   | -S1-21P  |  |   |                               |  |
| TITLE<br>NAME   | D<br>ULRICH, FREDERICK R JR                              |       |  |                        | ;  |  | ☐ Chang                                 | e 🔲 Addition                  |  |
| STREET ADDRESS 5750 JED SMITH ROAD  |  |       |  |                        | ET ADDRESS   |  |   |                               |  |
| CITY-SY-ZIP HIDDEN HILLS CA 91302   |  |       |  |                        | -ST-ZP   |  |   |                               |  |
| 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. |  |       |  |                        |  |  |   |                               |  |

**FILED**