

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90276 049 ***150.00

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1. Entity Name

SJW LAND COMPANY



Principal Place of Business

**374 W. SANTA CLARA STREET
SAN JOSE CA 95113**

Mailing Address

**374 W. SANTA CLARA STREET
SAN JOSE CA 95113**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

77-0085854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **ROTH, W. RICHARD**
STREET ADDRESS **374 W. SANTA CLARA STREET**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE **D** ☐ Change ☒ Addition
NAME **DiNAPOLI, J. PHILIP**
STREET ADDRESS **99 Almaden Boulevard, Suite 565**
CITY-ST-ZIP **San Jose, CA 95113**

TITLE **T** ☐ Delete
NAME **YIP, ANGELA**
STREET ADDRESS **374 W. SANTA CLARA STREET**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE **C** ☐ Change ☒ Addition
NAME **Gibson, Drew**
STREET ADDRESS **142-A South Santa Cruz Ave.**
CITY-ST-ZIP **Los Gatos, CA 95030**

TITLE **S** ☐ Delete
NAME **PAPAZIAN, SUZY**
STREET ADDRESS **374 W. SANTA CLARA STREET**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE **D** ☐ Change ☒ Addition
NAME **Moss, George E.**
STREET ADDRESS **4360 Worth St.**
CITY-ST-ZIP **Los Angeles, CA 90063**

TITLE **D** ☐ Delete
NAME **CALI, MARK L ESO**
STREET ADDRESS **1531 HIGUERA STREET**
CITY-ST-ZIP **SAN LUIS OBISPO CA 93401**

TITLE **D** ☐ Change ☒ Addition
NAME **Toeniskoetter, Charles J.**
STREET ADDRESS **1960 The Alameda, Suite 20**
CITY-ST-ZIP **San Jose, CA 95126**

TITLE **D** ☐ Delete
NAME **KING, DOUGLAS**
STREET ADDRESS **465 EL CENTRO ROAD**
CITY-ST-ZIP **HILLSBOROUGH CA 94010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ULRICH, FREDERICK R JR**
STREET ADDRESS **5750 JED SMITH ROAD**
CITY-ST-ZIP **HIDDEN HILLS CA 91302**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUZY PAPAZIAN, SECRETARY 3-17-06 408-279-7961