


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90074 005 ***550.00

DOCUMENT # F06000001228

1. Entity Name
MULTIFAMILY TECHNOLOGY SOLUTIONS, INC.




Principal Place of Business Mailing Address
607 MARKET ST., SUITE 400 **607 MARKET ST., SUITE 400**
SAN FRANCISCO, CA 94105 **SAN FRANCISCO, CA 94105**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
425 Bush Street **425 Bush Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 **Suite 200**

City & State City & State
San Francisco CA **San Francisco CA**
 Zip Country Zip Country
94108 **USA** **94108** **USA**

4020



05032007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-3334391 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE DR., SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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	P HELM, JOHN 425 BUSH ST. SUITE 200 SAN FRANCISCO, CA 94108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENTON, NOEL 425 BUSH ST. SUITE 200 SAN FRANCISCO, CA 94108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HELM, ROBERT WILLIAM 425 BUSH ST. SUITE 200 SAN FRANCISCO, CA 94108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BERTOLLI, JOHN 425 BUSH ST. SUITE 200 SAN FRANCISCO, CA 94108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ODOM, DEIDRA 425 BUSH ST. SUITE 200 SAN FRANCISCO, CA 94108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MASTROMATTO, THOMAS 425 BUSH ST. SUITE 200 SAN FRANCISCO, CA 94108 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See additions attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **John H. Helm, President** Date: _____ Daytime Phone #: **(415)348-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40107596

Multifamily Technology Solutions, Inc. 2007 For Profit Corporation Annual Report

Document #F06000001228

11. Additions to Officers and Directors

D	Brad Forrester	425 Bush St, Suite 200 San Francisco, CA 94108
D	William Millichap	425 Bush St, Suite 200 San Francisco, CA 94108
D	Jim Simons	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Richard McBride	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Matthew Teichmann	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Robert Graviss, Jr.	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Carol Patty	425 Bush St, Suite 200 San Francisco, CA 94108
AS	James Wheeler	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Fred Goda	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Richard Vilhauer	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Dennis Somers	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Robert Haywood	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Joseph Peter Davisson	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Michael Mickevicius	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Sandra Politte	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Nicholas Rioux	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Marvin Shenkman	425 Bush St, Suite 200 San Francisco, CA 94108
AS	Michael DiSanto	425 Bush St, Suite 200 San Francisco, CA 94108