2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 05, 2009
Secretary of State

DOCUMENT# F07000003728

Entity Name: SHEA HOMES MARKETING COMPANY

Current Principal Place of Business:

655 BREA CANYON RD
WALNUT, CA 91789

New Principal Place of Business:

Current Mailing Address:

655 BREA CANYON RD
WALNUT, CA 91789

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 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:	V	( ) Delete
Name:	MOSLEY, PAUL E	
Address:	655 BREA CANYON RD	
City-St-Zip:	WALNUT, CA 91789	
Title:	C	( ) Delete
Name:	SHEA, JOHN F	
Address:	655 BREA CANYON RD	
City-St-Zip:	WALNUT, CA 91789	
Title:	PV	( ) Delete
Name:	SHEA, PETER O JR	
Address:	655 BREA CANYON RD	
City-St-Zip:	WALNUT, CA 91789	
Title:	D	( ) Delete
Name:	SHEA, PETER O	
Address:	655 BREA CANYON RD	
City-St-Zip:	WALNUT, CA 91789	
Title:	D	( ) Delete
Name:	SHEA, EDMUND H JR	
Address:	655 BREA CANYON RD	
City-St-Zip:	WALNUT, CA 91789	
Title:	V	( ) Delete
Name:	JOHNSON, MAX B	
Address:	655 BREA CANYON RD	
City-St-Zip:	WALNUT, CA 91789	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AS	(X) Change ( ) Addition
Name:	CONRAD, VERNETTE	
Address:	655 BREA CANYON RD	
City-St-Zip:	WALNUT, CA 91789	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL E. MOSLEY VP 06/05/2009

Electronic Signature of Signing Officer or Director — Date