

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90012 025 ***150.00

DOCUMENT # F93000003361			
1. Entity Name NORWEST HOME IMPROVEMENT, INC.			
Principal Place of Business 1200 CONCORD AVENUE 3RD FLOOR SOUTH CONCORD, CA 94520 US		Mailing Address GLENN 2200 JOHN GLEN DRIVE MAC A0303-139 CONCORD, CA 94520 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
76-0256232

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	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	DOREEN	<input type="checkbox"/> Delete	TITLE		WOO HO, DOREEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		WOO HO, DOREEN		NAME			
STREET ADDRESS		550 CALIFORNIA 9TH FLOOR		STREET ADDRESS			
CITY-ST-ZIP		SAN FRANCISCO, CA 94194		CITY-ST-ZIP			
TITLE	SVPD		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TOLDA, THOMAS		NAME			
STREET ADDRESS		550 CALIFORNIA 9TH FLOOR		STREET ADDRESS			
CITY-ST-ZIP		SAN FRANCISCO, CA 94194		CITY-ST-ZIP			
TITLE	SVPS	AGUIRRE	<input type="checkbox"/> Delete	TITLE		AGUIRRE, ANNETTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		AGUIRRE, ANNETTE		NAME			
STREET ADDRESS		2200 JOHN GLEN DR		STREET ADDRESS			
CITY-ST-ZIP		CONCORD, CA 94520		CITY-ST-ZIP			
TITLE	VP		<input checked="" type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		DIAMOND, KATHRYN		NAME			
STREET ADDRESS		550 CALIFORNIA 9TH FLOOR		STREET ADDRESS			
CITY-ST-ZIP		SAN FRANCISCO, CA 94194		CITY-ST-ZIP			
TITLE	VPC		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		LEE, JANET		NAME			
STREET ADDRESS		550 CALIFORNIA 9TH FLOOR		STREET ADDRESS			
CITY-ST-ZIP		SAN FRANCISCO, CA 94194		CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: *Annette Aguirre* 6-15-04 (925) 686-7562
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #