2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001813

Entity Name: HEADLANDS MORTGAGE COMPANY

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 WOOD HOLLOW DRIVE NOVATO, CA 94945 US **Current Mailing Address: New Mailing Address:** 100 WOOD HOLLOW DRIVE NOVATO, CA 94945 FEI Number: 94-2851992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **FCFO** () Delete Title: (X) Change () Addition Name: PETRINI, DAVID Name: ABREU, STEVEN 100 WOOD HOLLOW DRIVE 100 WOOD HOLLOW DRIVE Address: Address: City-St-Zip: NOVATO, CA 94945 City-St-Zip: NOVATO, CA 94945 **EVSD** Title: SVP Title: () Delete (X) Change () Addition Name: GILBERT, IRENE D Name: GILBERT, IRENE D 100 WOOD HOLLOW DRIVE 100 WOOD HOLLOW DRIVE Address: Address: City-St-Zip: NOVATO, CA 94945 City-St-Zip: NOVATO, CA 94945 () Delete Title: FVD Title: SEC (X) Change () Addition POISSON, BECKY GILBERT, IRENE Name: Name: 100 WOOD HOLLOW DRIVE 100 WOOD HOLLOW DRIVE Address: Address: City-St-Zip: NOVATO, CA 94945 City-St-Zip: NOVATO, CA 94945 Title: () Delete Title: CFO (X) Change () Addition JOHNSON, BETTY ASST. S RUH, COLIN Name: Name: Address: 100 WOOD HOLLOW DRIVE Address: 100 WOOD HOLLOW DRIVE City-St-Zip: NOVATO, CA 94945 City-St-Zip: NOVATO, CA 94945 Title: PD (X) Delete Title: () Change () Addition ABREU, STEVEN Name: Name: 100 WOOD HOLLOW DRIVE Address: Address: City-St-Zip: NOVATO, CA 94945 City-St-Zip:

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: IRENE GILBERT SEC 04/25/2008