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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **839668** **(1)**

1. Corporation Name

BA LEASING & CAPITAL CORPORATION

Principal Place of Business	Mailing Address
FOUR EMBARCADERO $1200 SAN FRANCISCO CA 94111 US	C/O TAX ANALYSIS 3025 799 MARKET ST SAN FRANCISCO CA 94103 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1977
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business	2a. Mailing Address
21 Four Embarcadero Center	26 Four Embarcadero Center
Suite, Apt. #, etc. 22 1200	Suite, Apt. #, etc. 27 1200
City & State 23 San Francisco CA.	City & State 28 San Francisco CA.
Zip / Country 24 94111 / 25 USA	Zip / Country 29 94111 / 30 USA

4. FEI Number: 94-1627057 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 N/A 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: N/A
Signature, typed or printed name of registered agent and the date of signature (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	COULTER, DAVID A	12 NAME	
STREET ADDRESS	2500 STEENER ST 9	13 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	HURD, RODNEY W.	22 NAME	
STREET ADDRESS	66 NAPLES ST	23 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	KNOWLES-SOROKIN, CHERYL	32 NAME	
STREET ADDRESS	20 LONGFELLOW	33 STREET ADDRESS	
CITY-ST-ZIP	MILL VALLEY,, CA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RAYMOND W. MCKEE	42 NAME	
STREET ADDRESS	343 GEORGE TOWN AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA	44 CITY-ST-ZIP	
TITLE	PDC	51 TITLE	☐ Change ☐ Addition
NAME	HARRIS, RICHARD V	52 NAME	
STREET ADDRESS	10 VERISSIMO DR	53 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	54 CITY-ST-ZIP	
TITLE	AT	61 TITLE	SVP- CONTROLLER ☐ Change ☒ Addition
NAME	~~GIBSON, JAMES R~~	62 NAME	RICHARD C. WALKER
STREET ADDRESS	~~1027 WINDSOR DR~~	63 STREET ADDRESS	FOUR EMBARCADERO CENTER #1200
CITY-ST-ZIP	~~LAFAYETTE CA~~	64 CITY-ST-ZIP	SAN FRANCISCO, CA. 94111

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Candace L. Hagaman SVP, 5/5 (415) 765-7476
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

043068 FP