

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **855407** (3)

1. Corporation Name
BA INVESTMENT SERVICES, INC.



Principal Place of Business: **2000 BROADWAY OAKLAND CA 94612 US**
Mailing Address: **799 MARKET ST UNIT #13025 SAN FRANCISCO CA 94103 US**

3. Date Incorporated or Qualified: **02/02/1983**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **95-3783486**
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FLOWERS, ROBERT	
STREET ADDRESS	805 WAINGARTH CT	
CITY-ST-ZIP	DANVILLE CA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	FRITZ, ARTHUR A.	
STREET ADDRESS	20635 LARKSTONE DR	
CITY-ST-ZIP	WALNUT CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CLARK, RICHARD	
STREET ADDRESS	2 ST. PAUL DR.	
CITY-ST-ZIP	ALAMO CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOROKIN, CHERYL	
STREET ADDRESS	20 LONGFELLOW RD	
CITY-ST-ZIP	MILL VALLEY CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAYMOND, WILLIAM G.	
STREET ADDRESS	7501 DOWD DR.	
CITY-ST-ZIP	SEBASTEPOL CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	GIBSON, JAMES R.	
STREET ADDRESS	1027 WINDSOR DR	
CITY-ST-ZIP	LAFAYETTE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 (415) 953-3084
Date Daytime Phone #

CR2E034 (12/95)