

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90109 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 855407

1. Corporation Name
BA INVESTMENT SERVICES, INC.

241633 - 90109 - 10



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/02/1983

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 180 Grand Ave.

2a. Mailing Address
26 180 Grand Ave.

Suite, Apt. #, etc.
22 7th FL

Suite, Apt. #, etc.
27 7th FL

City & State
23 Oakland, CA

City & State
28 Oakland, CA

Zip Country
24 94612 25 USA

Zip Country
29 94612 30 USA

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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	ALEXANDER, HENRY C.	
STREET ADDRESS	2000 BROADWAY, 3RD FLOOR	
CITY-ST-ZIP	OAKLAND CA 94612	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ALBO, JAMES PAUL	
STREET ADDRESS	2000 BORADWAY, 3RD FLOOR	
CITY-ST-ZIP	OAKLAND CA 94612	
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	CFO	<input type="checkbox"/> DELETE
NAME	TAYLOR, LIGIA M.	
STREET ADDRESS	2000 BROADWAY, 3RD FLOOR	
CITY-ST-ZIP	OAKLAND CA 94612	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	O'ROURKE, M. ERIN	
STREET ADDRESS	2000 BROADWAY, 3RD FLOOR	
CITY-ST-ZIP	OAKLAND CA 94612	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	180 Grand Ave, 7th FL
1.4 CITY-ST-ZIP	Oakland, CA 94612
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	180 Grand Ave, 7th Fl
2.4 CITY-ST-ZIP	Oakland, CA 94612
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	180 Grand Ave, 7th FL
5.4 CITY-ST-ZIP	Oakland, CA 94612
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	180 Grand Ave, 7th FL
6.4 CITY-ST-ZIP	Oakland, CA 94612

14. 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 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, with all other like empowered.

SIGNATURE: M. Erin O'Rourke 1/8/99 510/587-8408

CR2E034 (11/98)