SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000002714 (2)**

1. Corporation Name
PROVIDIAN NATIONAL BANCORP, INC.

Principal Place of Business	Mailing Address
PROVIDIAN BANCORP, INC. 201 MISSION STREET, 28TH FLOOR SAN FRANCISCO CA 94105	PROVIDIAN BANCORP, INC. 201 MISSION STREET, 28TH FLOOR SAN FRANCISCO CA 94105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1995
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 94-3055127 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	CEO, Pres., Director	☒ Change ☐ Addition
NAME	MEHTA, SHAILESH J		1.2 NAME	Mehta, Shailesh J.	
STREET ADDRESS	88 KEARNY STREET, STE. 1900		1.3 STREET ADDRESS	201 Mission Street, 28th Floor	
CITY-ST-ZIP	SAN FRANCISCO CA 94108		1.4 CITY-ST-ZIP	San Francisco, CA 94105-1831	
TITLE	DP	☒ DELETE	2.1 TITLE	EVP, Director	☐ Change ☒ Addition
NAME	MONTANARI, JULIE A		2.2 NAME	Seth A. Barad	
STREET ADDRESS	88 KEARNY STREET, STE. 1900		2.3 STREET ADDRESS	150 Spear Street, 15th Floor	
CITY-ST-ZIP	SAN FRANCISCO CA 94108		2.4 CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	DV	☒ DELETE	3.1 TITLE	EVP, Director	☐ Change ☒ Addition
NAME	SIDDIQUI, A. SAMI		3.2 NAME	David B. Smith	
STREET ADDRESS	88 KEARNY STREET, STE. 1900		3.3 STREET ADDRESS	4900 Johnson Drive	
CITY-ST-ZIP	SAN FRANCISCO CA 94108		3.4 CITY-ST-ZIP	Pleasanton, CA 94588	
TITLE	S	☐ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	CLAVELOUX, RONALD L		4.2 NAME	Ronald L. Claveloux	
STREET ADDRESS	88 KEARNY STREET, STE. 1900		4.3 STREET ADDRESS	201 Mission Street, 28th Floor	
CITY-ST-ZIP	SAN FRANCISCO CA 94108		4.4 CITY-ST-ZIP	San Francisco, CA 94105-1831	
TITLE	VPT	☐ DELETE	5.1 TITLE	VP,T	☒ Change ☐ Addition
NAME	PETERSEN, MARK		5.2 NAME	Mark Petersen	
STREET ADDRESS	88 KEARNY STREET, SUITE 1900		5.3 STREET ADDRESS	201 Mission Street, 10th Floor	
CITY-ST-ZIP	SAN FRANCISCO CA		5.4 CITY-ST-ZIP	San Francisco, CA 94105-1831	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED 7/30/97 (415)543-0404