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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002714 (2)

PROVIDIAN BANCORP SERVICES, INC.

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

2. Principal Place of Business

SIGNATURE:

21

Mailing Address

2a. Mailing Address

PROVIDIAN BANCORP. INC. 201 MISSION STREET, 28TH FLOOR SAN FRANCISCO CA 94105

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

Date Incorporated or Qualified

06/06/1995

94-3055127

4. FEI Number

Suite, Apt. #, etc.				Suite, Apt. #, etc.						5.	Certificate of Status Desired			Additional equired	
City & State			27	City & State							Flastica Compaign Figuresian				
23			28	28							Election Campaign Financing Trust Fund Contribution	<u> </u>		May Be to Fees	
Zip	Country			Zip			Country			8.	This corporation owes or has				
24					29 30			<u> </u>			Personal Property Tax due Ju			No	
9. Name and Address of Current Registered Agent										10.	Name and Address of New	Registered	Agent		
C T CORPORATION SYSTEM							81	Name							
1200 SOUTH PINE ISLAND ROAD							82 Street Address (P.O. Box Number is Not Acceptable)								
PLANTATION FL 33324															
							83								
							84	City					85 Zip	Code	
							Γ.,	···,	FL BS Zp Gode						
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 affice 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.															
agent, I ar	egistered agent n familiar with, a	, or both, in the state o and accept the obligat	ions c	of, Section	607.0505, Flo	rida Sta	tutes	ine corp	oration	ISD	oard or directors, i hereby ad	cept the ap	pointment as	registered	
SIGNATURE															
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE															
12.	OFFICERS AND					13.				A	ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	CPD	LERTON I		L	DÉLETE	1.1 T	_						☐ Change	Addition	
NAME	MEHTA, SHAILESH J					1.2 N	1.2 NAME								
STREET ADDRESS							1.3 STREET ADDRESS				•				
CITY - ST - ZIP	SAN FRANCISCO CA					14C	1 4 CITY - ST - ZIP								
TITLE	EVPD	·		☐ DELETE		2,1 7	2,1 TITLE						Change	Addition	
NAME	BARAD, SE				2 2 NA			į							
STREET ADDRESS		ST 15TH FL			2.3 5			ADDRES\$							
_CITY - ST - ZIP	SAN FRAN	CISCO CA					2 4 CITY - ST - ZIP								
TITLE	EVPD			DELETE			3.1 TITLE						Change	Addition	
NAME	SMITH, DAVID B			32			3 2 NAME								
STREET ADDRESS	4900 JOHNSON DR			I ·			3 3 STREET ADDRESS								
CITY-ST-ZIP	PLEASANTON CA						3.4. CITY - ST - ZIP								
TITLE	8			☐ DELETE			4.1 TITLE						☐ Change	Addition	
NAME	CLAVELOUX, RONALD L						4, 2 NAME								
STREET ADDRESS	201 MISSION ST 28TH FL						4.3 STREET ADDRESS								
CiTY-ST-ZIP	SAN FRANCISCO CA						4.4 CITY - ST - ZIP								
TITLE	VPT			XX DELETE		5.1 T	5.1 TITLE		VP/	T.			Change	Addition	
NAME	PETERSEN, MARK						5.2 NAME IR		Rob	ert	t W. Molke				
STREET ADDRESS	201 MISSION ST 10TH FL					5.3 STREE		ADDRESS	201	M	ission Street, J	lOth Fl	oor		
CITY-ST-ZIF	SAN FRANCISCO CA					5.4 C	5.4 CITY-ST-ZIP			San Francisco, CA 94105					
TITLE					DELETE	6.1 T							Change	Addition	
NAME						6.2 N	AME								
STREET ADDRESS						6.3 S	TREET.	ADDRESS							
CITY - ST - ZIP						6.4 C	ITY-ST	-ZIP							
14. I hereby co	ertify that the in	formation supplied wit	h this	filing does	not qualify fo	r the ex	empt	ion state	d in Se	ction	n 119.07(3)(i), Florida Statute	s. I further o	ertify that the	information	
officer or o Block 12 o	on this annual ri director of the ci or Block 13 if ch	eport or supplemental orporation or the recei langed, or on an attacl	annua ver or hment	ai report is trustee en with an a	true and acc apowered to o ddress.	urate an execute	a the this r	it my sig eport as	nature require	shall ed b	n 119.07(3)(i), Florida Statute Il have the same legal effect a ly Chapter 607, Florida Statute	is if made u es; and that	my name ap	at I am an pears in	

Providian Financial Corporation 201 Mission Street San Francisco, CA 94105

(415) 543-0404

January 16, 1998

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Providian Bancorp Services

Rachelle Beaulac

Dear Madam or Sir:

Enclosed please find the annual report of Providian Bancorp Services and a corporate check in the amount of \$ 150.00 to cover all filing fees.

If you have any questions, please call me at (415) 278-4270.

Sincerely,

Rachelle Beaulac

Legal Assistant