

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90089 002 ***150.00

DOCUMENT # F95000002714

1. Entity Name

PROVIDIAN BANCORP SERVICES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3055127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPCE MEHTA, SHAILESH J 201 MISSION ST 28TH FL SAN FRANCISCO CA	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PICB ALVAREZ, DAVID 201 MISSION ST 28TH FLOOR SAN FRANCISCO CA 94105	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFA PETRINI, DAVID J 201 MISSION ST 28TH PL. SAN FRANCISCO CA 94105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCGS RICHEY, MARY ELLEN 201 MISSION ST 28TH FL SAN FRANCISCO CA 94105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROJAS, DAYSI 201 MISSION ST 28TH FL SAN FRANCISCO CA 94105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ROWE, JAMES 201 MISSION ST 28TH FL SAN FRANCISCO CA 94105	☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPCEO Joseph W. Saunders 201 Mission St 28th Flr San Francisco CA 94105	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOperations and Systems Susan Gleason 201 Mission St 28th Flr San Francisco CA 94105	☒ Change ☐ Addition /Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCredit&Collections/ James G. Jones 201 Mission St 28th Flr San Francisco CA 94105	☐ Change ☒ Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/T Richard Laiderman 201 Mission St 10th Flr San Francisco CA 94105	☒ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(415) 278-4744

Date

Daytime Phone #

CR2E034 (9/01)