

FILED  
May 13, 2003 8:00 am  
Secretary of State

05-13-2003 90054 010 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |                                                                                                                                         |                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # F95000002714</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |                                                        |                                                                                                                                                                               |
| 1. Entity Name<br><b>PROVIDIAN BANCORP SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |                                                                                                                                         |                                                                                                                                                                               |
| Principal Place of Business<br><b>PROVIDIAN BANCORP SERVICES, INC.<br/>201 MISSION STREET, 28TH FLOOR<br/>SAN FRANCISCO, CA 94105</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           | Mailing Address<br><b>PROVIDIAN BANCORP SERVICES, INC.<br/>201 MISSION STREET, 28TH FLOOR<br/>SAN FRANCISCO, CA 94105</b>               |                                                                                                                                                                               |
| 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<br><b>94-3055127</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           | Applied For<br>Not Applicable                                                                                                           |                                                                                                                                                                               |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           | \$8.75 Additional Fee Required                                                                                                          |                                                                                                                                                                               |
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           |                                                                                                                                         |                                                                                                                                                                               |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and (if it is a corporation) (NOTE: Registered Agent's signature required when submitting)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                                         |                                                                                                                                                                               |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                                                                                                                                                               |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CPCE<br>SAUNDERS, JOSEPH W<br>201 MISSION ST 28TH FL<br>SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>GLEASON, SUSAN<br>201 MISSION ST 28TH FIR<br>SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CFO<br>PETRINI, DAVID J.<br>201 MISSION ST 28TH PL.<br>SAN FRANCISCO, CA 94105 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | CFO & Vice Chairman<br>Anthony Vuoto<br>201 Mission St., 28th Fl., San Francisco, CA. 94105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VCGS<br>RICHEY, MARY ELLEN<br>201 MISSION ST 28TH FL<br>SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS<br>ROJAS, DAYSI<br>201 MISSION ST 28TH FL<br>SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | Vice President & Asst. Sec.<br>Daysi Rojas<br>201 Mission St., 28th Fl., San Francisco CA. 94105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SPVT<br>LAIDERMAN, RICHARD<br>201 MISSION ST 10TH FIR<br>SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                           |                                                                                                                                         |                                                                                                                                                                               |
| SIGNATURE: <u>Daysi Rojas</u> <i>Daysi Rojas</i> May 7, 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           | (415) 278-4744                                                                                                                          |                                                                                                                                                                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           | Date Daytime Phone #                                                                                                                    |                                                                                                                                                                               |

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☐ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)