

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90007 024 ***150.00

DOCUMENT # F99000000363

1. Entity Name
BA MERCHANT SERVICES, INC.

Principal Place of Business ONE SOUTH VAN NESS AVE. SAN FRANCISCO CA 94103	Mailing Address ONE SOUTH VAN NESS AVE. SAN FRANCISCO CA 94103-1226
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715327



DO NOT WRITE IN THIS SPACE

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 94-3252840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAYYARI, SHARIF M		NAME	
STREET ADDRESS ONE SOUTH VAN NESS AVE.		STREET ADDRESS	
CITY-ST-ZIP SAN FRANCISCO CA 94103		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALLERO, CHRISTOPHER A		NAME	
STREET ADDRESS ONE SOUTH VAN NESS AVE.		STREET ADDRESS	
CITY-ST-ZIP SAN FRANCISCO CA 94103		CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, JAMES G		NAME	
STREET ADDRESS ONE SOUTH VAN NESS AVE.		STREET ADDRESS	
CITY-ST-ZIP SAN FRANCISCO CA 94103		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, DONALD R		NAME	
STREET ADDRESS ONE SOUTH VAN NESS AVE.		STREET ADDRESS	
CITY-ST-ZIP SAN FRANCISCO CA 94103		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISHER, WILLIAM E		NAME	
STREET ADDRESS ONE SOUTH VAN NESS AVE.		STREET ADDRESS	
CITY-ST-ZIP SAN FRANCISCO CA 94103		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TYABJI, HATIM A		NAME	
STREET ADDRESS ONE SOUTH VAN NESS AVE.		STREET ADDRESS	
CITY-ST-ZIP SAN FRANCISCO CA 94103		CITY-ST-ZIP	

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: TAD SCALLES UP - Controller 11/3/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)