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Apr 30 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 # 839668 (1)  
1. Corporation Name  
BA LEASING & CAPITAL CORPORATION



Principal Place of Business  
FOUR EMBARCADERO CENTER  
1200  
SAN FRANCISCO CA 94111  
US

Mailing Address  
FOUR EMBARCADERO CENTER  
1200  
SAN FRANCISCO CA 94111-4185  
US

3. Date Incorporated or Qualified 12/16/1977  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 555 CALIFORNIA ST. - 4TH FLOOR  
Suite, Apt. #, etc.  
22 San Francisco, CA  
City & State  
23 94107  
Zip  
24 USA  
Country

2a. Mailing Address  
25 555 CALIFORNIA ST. - 4TH FLOOR  
Suite, Apt. #, etc.  
26 San Francisco, CA.  
City & State  
27 94107  
Zip  
28 USA  
Country

4. FEI Number 94-1627057  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. 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  
85 Zip Code  
FL

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 *R/A*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, MICHAEL J	
STREET ADDRESS	555 CALIFORNIA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HURD, RODNEY W.	
STREET ADDRESS	86 NAPLES ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KNOWLES-SOROKIN, CHERYL	
STREET ADDRESS	20 LONGFELLOW	
CITY-ST-ZIP	MILL VALLEY,, CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAYMOND W. MCKEE	
STREET ADDRESS	343 GEORGE TOWN AVENUE	
CITY-ST-ZIP	SAN MATEO CA	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	HARRIS, RICHARD V	
STREET ADDRESS	10 VERISSIMO DR	
CITY-ST-ZIP	NOVATO CA	
TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	WALTER, RICHARD C.	
STREET ADDRESS	FOUR EMBARCADERO CENTER - 1200	
CITY-ST-ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	555 CALIFORNIA ST. 5F
6.4 CITY-ST-ZIP	

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]*

CR2E034 (9/96)