

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 839668 (1)

1. Corporation Name
BA LEASING & CAPITAL CORPORATION

Principal Place of Business 555 CALIFORNIA STREET 1200 SAN FRANCISCO CA 94104 US	Mailing Address 555 CALIFORNIA STREET 1200 SAN FRANCISCO CA 94104 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1977	4. FEI Number 94-1627057	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21. Same as above Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Same as above Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	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

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

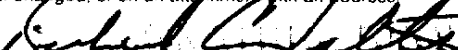
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MURRAY, MICHAEL J 555 CALIFORNIA STREET SAN FRANCISCO CA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT HURD, RODNEY W. 86 NAPLES ST SAN FRANCISCO CA	1.2 NAME	
STREET ADDRESS	S KNOWLES-SOROKIN, CHERYL 20 LONGFELLOW MILL VALLEY, CA	1.3 STREET ADDRESS	
CITY-ST-ZIP	D RAYMOND W. MCKEE 343 GEORGE TOWN AVENUE SAN MATEO CA	1.4 CITY-ST-ZIP	
TITLE	PDC HARRIS, RICHARD V 10 VERISSIMO DR NOVATO CA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVPC WALTER, RICHARD C. FOUR EMBARCADERO CENTER #1200 SAN FRANCISCO CA	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:



4/9/98

CR2E034 (10/97)