

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90133 034 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 839668**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/16/1977**

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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21. *Same as above*

2a. Mailing Address  
26. *Same as above*

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. **94104** 25.

29. **94104** 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

|                    |  |
|--------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>Edmund J. Stark</b>   |
| 3.3 STREET ADDRESS | <b>730 15th Street, NW</b>   |
| 3.4 CITY-ST-ZIP    | <b>Washington, DC 20005-1012</b>   |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>K. Thomas Rose</b>  |
| 4.3 STREET ADDRESS | <b>555 California St, 4F</b>   |
| 4.4 CITY-ST-ZIP    | <b>San Francisco CA 94104</b>  |
| 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 |  |
| 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **K. T. Rose**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)