

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **842517** (5)

1. Corporation Name  
**CHARLES SCHWAB & CO., INC.**



Principal Place of Business: **101 MONTGOMERY ST SAN FRANCISCO CA 94104**  
Mailing Address: **101 MONTGOMERY STREET REGISTRATION 333-24 SAN FRANCISCO CA 94104**

3. Date Incorporated or Qualified <b>02/01/1979</b>	3a. Date of Last Report <b>04/27/1995</b>
4. FEI Number <b>94-1737782</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current 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	<b>FL</b>
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PB</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTRUCK, DAVID S</b>	1.2 NAME	
STREET ADDRESS	<b>101 MONTGOMREY ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN FRANCISCO CA 94104</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VCB</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>READMOND, RONALD W</b>	2.2 NAME	
STREET ADDRESS	<b>101 MONTGOMERY STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN FRANCISCO CA 94104</b>	2.4 CITY - ST - ZIP	
TITLE	<b>EVPB</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAMBS III, JOHN ARTHUR</b>	3.2 NAME	
STREET ADDRESS	<b>101 MONTGOMERY ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN FRANCISCO FL 94104</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOSCHETTA, LUCIANO</b>	4.2 NAME	<b>S/V/P</b>
STREET ADDRESS	<b>101 MONTGOMERY ST.</b>	4.3 STREET ADDRESS	<b>Bryant, Guy R.</b>
CITY - ST - ZIP	<b>SAN FRANCISCO CA 94104</b>	4.4 CITY - ST - ZIP	<b>101 Montgomery Street</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>S/V/P</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Templeton, Mary B.</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>101 Montgomery Street</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>San Francisco, CA 94104</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ 01/22/96 (415) 636-6151  
Date Day/Time Phone #

CR2E034 (12/95)