

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: **02/01/1979**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **94-1737782**
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

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

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PB	<input type="checkbox"/> DELETE
NAME	POTTRUCK, DAVID S	
STREET ADDRESS	101 MONTGOMREY ST.	
CITY - ST - ZIP	SAN FRANCISCO CA 94104	
TITLE	VCB	<input type="checkbox"/> DELETE
NAME	READMOND, RONALD W	
STREET ADDRESS	101 MONTGOMERY STREET	
CITY - ST - ZIP	SAN FRANCISCO CA 94104	
TITLE	EVPB	<input type="checkbox"/> DELETE
NAME	GAMBS III, JOHN ARTHUR	
STREET ADDRESS	101 MONTGOMERY ST.	
CITY - ST - ZIP	SAN FRANCISCO FL 94104	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOSCHETTA, LUCIANO	
STREET ADDRESS	101 MONTGOMERY ST.	
CITY - ST - ZIP	SAN FRANCISCO CA 94104	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Addition
4.2 NAME	S/V/P Bryant, Guy R.
4.3 STREET ADDRESS	101 Montgomery Street
4.4 CITY - ST - ZIP	San Francisco, CA 94104
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S/V/P Templeton, Mary B.
5.3 STREET ADDRESS	101 Montgomery Street
5.4 CITY - ST - ZIP	San Francisco, CA 94104
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 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: _____ Date: **01/22/96** (415) 636-6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)