

PROFIT CORPORATION ANNUAL REPORT 1999



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

**FILED**  
**Feb 11, 1999 8:00 am**  
**Secretary of State**

02-11-1999 90030 039 \*\*\*158.75  
05-17-1999 90075 031 \*\*\*150.00

DOCUMENT # 842517

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

Principal Place of Business  
**101 MONTGOMERY ST  
SAN FRANCISCO CA 94104**

Mailing Address  
**101 MONTGOMERY STREET  
REGISTRATION, 88-3  
SAN FRANCISCO CA 94104  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/01/1979**

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

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 **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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POTTRUCK, DAVID S	
STREET ADDRESS	101 MONTGOMREY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	EVPC	<input type="checkbox"/> DELETE
NAME	LEPORE, DAWN G	
STREET ADDRESS	101 MONMTGOMERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	EVPC	<input type="checkbox"/> DELETE
NAME	SCHEID, STEVEN L	
STREET ADDRESS	101 MONTGOMERY ST.	
CITY-ST-ZIP	SAN FRANCISCO FL 94104	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FISHEL, THOMAS C	
STREET ADDRESS	101 MONTGOMERY STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	DWYER, CARRIE	
STREET ADDRESS	101 MONTGOMERY STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Tom C. Fishel)

May 11, 1999

(415) 636-1160

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