2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90212 019 ***158.75

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1. Entity Name
CHARLES SCHWAB & CO., INC.

94078682

Principal Place of Business	Mailing Address
101 MONTGOMERY ST SAN FRANSCISCO, CA 94104	101 MONTGOMERY STREET REGISTRATION DEPT 101-22 SAN FRANCISCO, CA 94104 US

04152004 No Chg-P CR2E034 (10/03)

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4. FEI Number
94-1737782

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POTTRUCK, DAVID S
STREET ADDRESS	101 MONTGOMREY ST.
CITY-ST-ZIP	SAN FRANCISCO, CA 94104
TITLE	CD
NAME	SCHWAB, CHARLES R
STREET ADDRESS	101 MONMTGOMERY ST.
CITY-ST-ZIP	SAN FRANCISCO, CA 94104
TITLE	EVPD
NAME	DODDS, CHRISTOPHER V
STREET ADDRESS	101 MONTGOMERY ST.
CITY-ST-ZIP	SAN FRANCISCO, FL 94104
TITLE	VP
NAME	FISHEL, THOMAS C
STREET ADDRESS	101 MONTGOMERY STREET
CITY-ST-ZIP	SAN FRANCISCO, CA
TITLE	EVCS
NAME	DWYER, ~~GARRIER~~ CARRIE
STREET ADDRESS	101 MONTGOMERY STREET
CITY-ST-ZIP	SAN FRANCISCO, CA 94104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____, TOM C. FISHEL-VP COMPLIANCE 04/23/04 (415)636-2839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #