

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90212 019 ***158.75

DOCUMENT # 842517

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



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

Mailing Address
**101 MONTGOMERY STREET
REGISTRATION DEPT 101-22
SAN FRANCISCO, CA 94104 US**

94070682



DO NOT WRITE IN THIS SPACE

04152004 No Chg-P CR2E034 (10/03)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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

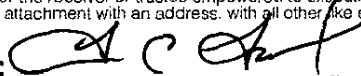
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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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 #