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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 847866 (1)

1. Corporation Name

BANKAMERICA INVESTMENT CORPORATION

Principal Place of Business

231 SOUTH LA SALLE STREET  
CHICAGO IL 60697

Mailing Address

231 SOUTH LA SALLE STREET  
CHICAGO IL 60693-0001

3. Date Incorporated or Qualified

01/05/1981

3a. Date of Last Report

10/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 P.O. Box 34000

27 City & State

28 SAN FRANCISCO, CA

29 Zip

Country

4. FEI Number

36-3101574

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

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
201 BISCAYNE BOULEVARD  
1600 MIAMI CENTER  
MIAMI FL 33131

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ONEILL, MICHAEL E.	
STREET ADDRESS	231 SO. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAI, NINA	
STREET ADDRESS	231 SO. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JAVINSKY, IRWIN M.	
STREET ADDRESS	231 SO. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, M. ANN	
STREET ADDRESS	231 SO. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EASTRIDGE, JANICE	
STREET ADDRESS	231 SO. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, ROBERT C	
STREET ADDRESS	231 SO. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARBARA CRANDALL	
1.3 STREET ADDRESS	499 MARKET ST	
1.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
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 do 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.

SIGNATURE:

*Barbara Crandall*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
TREASURER

4/14/97 4457622-RSD  
0482812

CR2E034 (9/96)