


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000001343**  
 1. Entity Name  
**CHARLES SCHWAB BANK, NATIONAL ASSOCIATION**



Principal Place of Business      Mailing Address  
**5190 NEIL ROAD**                      **5190 NEIL ROAD**  
**RENO, NV 89502**                      **RENO, NV 89502**

**DO NOT WRITE IN THIS SPACE**



03172008    No Chg-P    CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>42-1558009</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000476071  
 04/05/06-80042-015 150.00

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>KENNY, RICHARD<br>5190 NEIL ROAD<br>RENO, NV 89502                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>PHILIPS, MARK<br>101 MONTGOMERY STREET, 10-211<br>SAN FRANCISCO, CA 94111    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFO<br>RHOADES, SCOTT<br>101 MONTGOMERY STREET, 10-211<br>SAN FRANCISCO, CA 94111 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>SCHAFER, LAURIE<br>101 MONTGOMERY STREET, 10-211<br>SAN FRANCISCO, CA 94111  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>SCHWAB, CHARLES<br>101 MONTGOMERY STREET, 120-30<br>SAN FRANCISCO, CA 94111  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LENSING, BRYCE<br>101 MONTGOMERY STREET, 120-30<br>SAN FRANCISCO, CA 94111   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Laurie S. Schaffer /slb      3/20/06      415-636-3797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #