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FILED
Apr 21 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 # F95000002582 (3)

1. Corporation Name

PROVIDIAN CREDIT CORPORATION

Principal Place of Business

88 KEARNY ST., #1900
SAN FRANCISCO CA 94108

Mailing Address

88 KEARNY ST., #1900
SAN FRANCISCO CA 94108-5587



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 201 Mission Street		26 201 Mission Street		05/26/1995		03/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 28th Floor		27 28th Floor		94-3208908		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 San Francisco, CA		28 San Francisco, CA		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution			
94105-1831		94105-1831		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country					
25 U.S.A.		30 U.S.A.					

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANARI, JULIE A	1.2 NAME	
STREET ADDRESS	88 KEARNY ST., #1900	1.3 STREET ADDRESS	201 Mission Street, 28th Floor
CITY-ST-ZIP	SAN FRANCISCO CA 94108	1.4 CITY-ST-ZIP	San Francisco, CA 94105-1831
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDDIQUI, A. SAMI SR	2.2 NAME	
STREET ADDRESS	88 KEARNY ST., #1900	2.3 STREET ADDRESS	201 Mission Street, 28th Floor
CITY-ST-ZIP	SAN FRANCISCO CA 94108	2.4 CITY-ST-ZIP	San Francisco, CA 94105-1831
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAVELOUX, RONALD L	3.2 NAME	
STREET ADDRESS	88 KEARNY ST., #1900	3.3 STREET ADDRESS	201 Mission Street, 28th Floor
CITY-ST-ZIP	SAN FRANCISCO CA 94108	3.4 CITY-ST-ZIP	San Francisco, CA 94105-1831
TITLE	VPD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLKE, RPBERT W.	4.2 NAME	
STREET ADDRESS	88 KERNEY STREET STE 1900	4.3 STREET ADDRESS	Molke, Robert W.
CITY-ST-ZIP	SAN FRANCISCO FL	4.4 CITY-ST-ZIP	201 Mission Street, 28th Floor
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRINI, DAVID J	5.2 NAME	
STREET ADDRESS	88 KEARNY ST., #1900	5.3 STREET ADDRESS	201 Mission Street, 28th Floor
CITY-ST-ZIP	SAN FRANCISCO CA 94108	5.4 CITY-ST-ZIP	San Francisco, CA 94105-1831
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, MARSHALL R	6.2 NAME	Director
STREET ADDRESS	88 KEARNY ST., #1900	6.3 STREET ADDRESS	David B. Smith
CITY-ST-ZIP	SAN FRANCISCO CA 94108	6.4 CITY-ST-ZIP	201 Mission Street, 28th Floor
			San Francisco, CA 94105-1831

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:

RONALD L. CLAVELOUX

4/15/97

(415) 278-4467

CR2E034 (9/96)