



FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 201 MISSION STREET 28TH FLOOR SAN FRANCISCO CA 94105-1831 US			Mailing Address 201 MISSION STREET 28TH FLOOR SAN FRANCISCO CA 94105-1831 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/26/1995	
4. FEI Number 94-3208908		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. \$5.00 May Be Added to Fees	
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					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	MONTANARI, JULIE A				
STREET ADDRESS	201 MISSION ST 28TH FL				
CITY-ST-ZIP	SAN FRANCISCO CA				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	SIDDIQUI, A. SAMI SR				
STREET ADDRESS	201 MISSION ST 28TH FLOOR				
CITY-ST-ZIP	SAN FRANCISCO CA				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	CLAVELOUX, RONALD L				
STREET ADDRESS	201 MISSION ST 28TH FLOOR				
CITY-ST-ZIP	SAN FRANCISCO CA				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	MOLKE, ROBERT W				
STREET ADDRESS	201 MISSION ST 28TH FL				
CITY-ST-ZIP	SAN FRANCISCO CA				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	PETRINI, DAVID J				
STREET ADDRESS	201 MISSION STREET 28TH FL				
CITY-ST-ZIP	SAN FRANCISCO CA				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SMITH, DAVID B				
STREET ADDRESS	201 MISSION STREET, 28TH FL				
CITY-ST-ZIP	SAN FRANCISCO CA				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Shailesh J. Mehta				
1.3 STREET ADDRESS	201 Mission Street, 28th Floor				
1.4 CITY-ST-ZIP	San Francisco, CA 94105				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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	D/ EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME	David B. Smith				
6.3 STREET ADDRESS	4900 Johnson Drive				
6.4 CITY-ST-ZIP	Pleasanton, CA 94588				
14. 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 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:  REQUIRED Ronald L. Claveloux 1/16/98 (415) 278-4467					

CR2E034 (10/97)

Providian Financial Corporation
201 Mission Street
San Francisco, CA 94105



(415) 543-0404
January 16, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Providian Credit Corporation

Dear Madam or Sir:

Enclosed please find the annual report of Providian Credit Corporation and a corporate check in the amount of \$ 150.00 to cover all filing fees.

If you have any questions, please call me at (415) 278-4270.

Sincerely,

A handwritten signature in cursive script that reads "Rachelle Beaulac".

Rachelle Beaulac
Legal Assistant