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0555291

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90215 013 ***150.00

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1. Corporation Name

PROVIDIAN CREDIT CORPORATION

Principal Place of Business	Mailing Address
201 MISSION STREET 28TH FLOOR SAN FRANCISCO CA 94105-1831 US	201 MISSION STREET 28TH FLOOR SAN FRANCISCO CA 94105-1831 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/26/1995

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 94-3208908	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 **CD** ☐ DELETE NAME **MEHTA, SHAILESH J** STREET ADDRESS **201 MISSION ST 28TH FL** CITY-ST-ZIP **SAN FRANCISCO CA 94105**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **S** ☐ DELETE NAME **CLAVELOUX, RONALD L** STREET ADDRESS **201 MISSION ST 28TH FLOOR** CITY-ST-ZIP **SAN FRANCISCO CA**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **VPD** ☒ DELETE NAME **MOLKE, ROBERT W** STREET ADDRESS **201 MISSION ST 28TH FL** CITY-ST-ZIP **SAN FRANCISCO CA**		3.1 TITLE **EVP** 3.2 NAME **DAVID ALVAREZ** 3.3 STREET ADDRESS **201 MISSION ST. 28TH FL.** 3.4 CITY-ST-ZIP **SAN FRANCISCO, CA**		☐ Change ☒ Addition
TITLE **DEVP** ☒ DELETE NAME **SMITH, DAVID B** STREET ADDRESS **4900 JOHNSON DR** CITY-ST-ZIP **PLEASANTON CA 94588**		4.1 TITLE **SVP** 4.2 NAME **DENNIS BRADY** 4.3 STREET ADDRESS **150 SPEAR ST.** 4.4 CITY-ST-ZIP **SAN FRANCISCO, CA.**		☐ Change ☒ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ RONALD L. CLAVELOUX   1/19/99   (415) 278-4467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #