

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000363

1. Entity Name

BA MERCHANT SERVICES, INC.

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90007 024 \*\*\*150.00

Principal Place of Business

Mailing Address

ONE SOUTH VAN NESS AVE.  
SAN FRANCISCO CA 94103

ONE SOUTH VAN NESS AVE.  
SAN FRANCISCO CA 94103-1226

715327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3252840

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAYYARI, SHARIF M	
STREET ADDRESS	ONE SOUTH VAN NESS AVE.	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLERO, CHRISTOPHER A	
STREET ADDRESS	ONE SOUTH VAN NESS AVE.	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JONES, JAMES G	
STREET ADDRESS	ONE SOUTH VAN NESS AVE.	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, DONALD R	
STREET ADDRESS	ONE SOUTH VAN NESS AVE.	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, WILLIAM E	
STREET ADDRESS	ONE SOUTH VAN NESS AVE.	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYABJI, HATIM A	
STREET ADDRESS	ONE SOUTH VAN NESS AVE.	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

415 241 3797

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAD SCALES UP-Controllers

Date

Daytime Phone #

CR2E034 (9/99)