

\*SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P31889 (9)

1. Corporation Name

BANKAMERICA CORPORATION

Principal Place of Business

Mailing Address

555 CALIFORNIA ST.  
SAN FRANCISCO CA 94104  
US

799 MARKET ST. DEPT. 13025C  
SAN FRANCISCO CA 94103  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

08/17/1990

3a. Date of Last Report

04/03/1995

4. FEI Number

94-1681731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND  
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 (applicable)

(If not, Registered Agent signature required when registering)

14th

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CP	ROSENBERG, RICHARD M.	555 CALIFORNIA ST.	SAN FRANCISCO CA	<input type="checkbox"/>
VC	COLEMAN, LEWIS W.	555 CALIFORNIA ST.	SAN FRANCISCO CA	<input type="checkbox"/>
EVP	SOROKIN, CHERYL	555 CALIFORNIA ST.	SAN FRANCISCO CA	<input type="checkbox"/>
EVP	PETERS, RAYMOND R	555 CALIFORNIA ST.	SAN FRANCISCO CA	<input type="checkbox"/>
EVP	ARNOLD, DOYLE L	555 CALIFORNIA ST.	SAN FRANCISCO CA	<input type="checkbox"/>
AT	RYAN, FRANCIS S.	799 MARKET ST.	SAN FRANCISCO CA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
	David A. Coulter			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Michael E. O'Neill			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	Raymond McKee			<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Raymond W. McKee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

4156226940

Date

Daytime Phone

CR2E034 (3/96)