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May 05 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 # P31889 (9)  
1. Corporation Name  
BANKAMERICA CORPORATION

Principal Place of Business  
555 CALIFORNIA ST.  
SAN FRANCISCO CA 94104  
US

Mailing Address  
799 MARKET ST. DEPT. 13025C  
SAN FRANCISCO CA 94103-2033  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Sulte, Apt. #, etc.		26 P.O. Box 37000		08/17/1990	06/25/1996
22 City & State		27 C/O TAX DEPT #10067-5P		4. FEI Number	Applied For
23 Zip		28 SAN FRANCISCO, CA		94-1681731	Not Applicable
24 Country		29 94137		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30 U.S.		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	<input type="checkbox"/> Yes <input type="checkbox"/> 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	COULTER, DAVID A	1.2 NAME	
STREET ADDRESS	555 CALIFORNIA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	
NAME	ONEILL, MICHAEL E	2.2 NAME	
STREET ADDRESS	555 CALIFORNIA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	
TITLE	EVP	3.1 TITLE	
NAME	SOROKIN, CHERYL	3.2 NAME	
STREET ADDRESS	555 CALIFORNIA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	
NAME	PETERS, RAYMOND R	4.2 NAME	
STREET ADDRESS	555 CALIFORNIA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	
TITLE	EVP	5.1 TITLE	
NAME	ARNOLD, DOYLE L	5.2 NAME	
STREET ADDRESS	555 CALIFORNIA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	
NAME	MCKEE, RAYMOND	6.2 NAME	
STREET ADDRESS	799 MARKET ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	6.4 CITY-ST-ZIP	

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: [Signature] 4/12/97 4156336840

CR2E034 (9/96)