# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:05

TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE *130.00

DOCUMENT # P32354 (3)

1. Corporation Name

BA CREDIT CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 9918 HIBERT STREET<br>SAN DIEGO CA 92131<br>US | 10069 WILLOW CREEK RD<br>ATTN: TAX DEPT. #4400<br>SAN DIEGO CA 92131<br>US |

3. Date Incorporated or Qualified: 12/27/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 93-1043156 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 450 "B" Street | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. Attn: Tax Dept., #24400 |
| 23 City & State: San Diego, CA | 28 City & State |
| 24 Zip: 92131 / 25 Country | 29 Zip / 30 Country |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has validly elected to be taxed under s. 220.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when running online)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | ☒ Change | ☐ Addition |
| NAME | RODGERS, RICHARD A | 12 NAME | | |
| STREET ADDRESS | 9918 HIBERT STREET | 13 STREET ADDRESS | 450 "B" Street | |
| CITY ST ZIP | SAN DIEGO CA | 14 CITY ST ZIP | San Diego, CA 92101 | |
| TITLE | S | 21 TITLE | ☐ Change | ☐ Addition |
| NAME | SOROKIN, CHERYL A. | 22 NAME | | |
| STREET ADDRESS | 555 CALIFORNIA STREET | 23 STREET ADDRESS | | |
| CITY ST ZIP | SAN FRANCISCO CA | 24 CITY ST ZIP | | |
| TITLE | VT | 31 TITLE | ☒ Change | ☐ Addition |
| NAME | ANRAKU, ELSA Y | 32 NAME | | |
| STREET ADDRESS | 9918 HIBERT STREET | 33 STREET ADDRESS | 450 "B" Street | |
| CITY ST ZIP | SAN DIEGO CA | 34 CITY ST ZIP | San Diego, CA 92101 | |
| TITLE | V | 41 TITLE | ☐ Change | ☐ Addition |
| NAME | CHAN-SHAFFER, CLAUDIA | 42 NAME | | |
| STREET ADDRESS | 10089 WILLOW CREEK ROAD | 43 STREET ADDRESS | | |
| CITY ST ZIP | SAN DIEGO CA | 44 CITY ST ZIP | | |
| TITLE | D | 51 TITLE | ☒ Change | ☐ Addition |
| NAME | FLOWERS, THOMAS E | 52 NAME | | |
| STREET ADDRESS | 9918 HIBERT STREET | 53 STREET ADDRESS | 450 "B" Street | |
| CITY ST ZIP | SAN DIEGO CA | 54 CITY ST ZIP | San Diego, CA 92101 | |
| TITLE | D | 61 TITLE | ☐ Change | ☐ Addition |
| NAME | HARRIS, RICHARD V | 62 NAME | | |
| STREET ADDRESS | 4 EMBARCADERO | 63 STREET ADDRESS | | |
| CITY ST ZIP | SAN FRANCISCO CA | 64 CITY ST ZIP | | |

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Claudia Chan-Shaffer, Vice President 4/17/95 (619)530-9539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074037