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Apr 24 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 # P32354

(3)

1. Corporation Name
BA CREDIT CORPORATION

Principal Place of Business

450 "B" STREET
SAN DIEGO CA 92131
US

Mailing Address

10089 WILLOW CREEK RD
ATTN: TAX DEPT. #24400
SAN DIEGO CA 92131-1603
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 P.O. Box 34000
Suite, Apt. #, etc.

27 C/O TAX DEPT #10067-SP
City & State

28 SAN FRANCISCO
Zip

29 CA

Country

30 246

3. Date Incorporated or Qualified
12/27/1990

3a. Date of Last Report
03/11/1996

4. FEI Number

93-1043156

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

TITLE PD
NAME RODGERS, RICHARD A
STREET ADDRESS 450 "B" STREET
CITY-ST-ZIP SAN DIEGO CA ☒ DELETE

TITLE S
NAME SOROKIN, CHERYL A.
STREET ADDRESS 555 CALIFORNIA STREET
CITY-ST-ZIP SAN FRANCISCO CA ☐ DELETE

TITLE VT
NAME ANRAKU, ELSA Y
STREET ADDRESS 450 "B" STREET
CITY-ST-ZIP SAN DIEGO CA ☐ DELETE

TITLE V
NAME CHAN-SHAFFER, CLAUDIA
STREET ADDRESS 10089 WILLOW CREEK ROAD
CITY-ST-ZIP SAN DIEGO CA ☐ DELETE

TITLE D
NAME FLOWERS, THOMAS E
STREET ADDRESS 450 "B" STREET
CITY-ST-ZIP SAN DIEGO CA ☐ DELETE

TITLE D
NAME HARRIS, RICHARD V
STREET ADDRESS 4 EMBARCADERO
CITY-ST-ZIP SAN FRANCISCO CA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AT
1.2 NAME Barbara Campbell
1.3 STREET ADDRESS 799 MARKET ST
1.4 CITY-ST-ZIP SAN FRANCISCO, CA 94137 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Barbara Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/6/97 <415>622-8000
Date Date-time Phone

CR2E034 (9/96)