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Apr 22 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 # P32414

(5)

1. Corporation Name

BANKAMERICA BUSINESS CREDIT, INC.

Principal Place of Business

10124 OLD GROVE ROAD
SAN DIEGO CA 92131

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

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

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/08/1991

3a. Date of Last Report

03/11/1996

4. FEI Number

33-0439330

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 ☐ DELETE

NAME MADRESH, RICHARD W.
STREET ADDRESS 10124 OLD GROVE RD.
CITY-ST-ZIP SAN DIEGO CA

TITLE S ☐ DELETE

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

TITLE V ☐ DELETE

NAME VAN RIPER, DONALD
STREET ADDRESS 10124 OLD GROVE RD.
CITY-ST-ZIP SAN DIEGO CA

TITLE V ☐ DELETE

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

TITLE VT ☐ DELETE

NAME FARRELL, THOMAS J.
STREET ADDRESS 10124 OLD GROVE RD.
CITY-ST-ZIP SAN DIEGO CA

TITLE D ☒ DELETE

NAME BELL, CHARLES
STREET ADDRESS 555 CALIFORNIA ST.
CITY-ST-ZIP SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AT ☐ Change ☒ Addition

1.2 NAME 499 Market Street
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP SAN FRANCISCO, CA 94107

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/97 415/622-2000
Date Signature Printed Name

CR2E034 (9/96)