

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P32354** (3)
1. Corporation Name
BA CREDIT CORPORATION

Principal Place of Business Mailing Address
**9918 HIBERT STREET
SAN DIEGO CA 92131
US** **10069 WILLOW CREEK RD
ATTN: TAX DEPT. #4400
SAN DIEGO CA 92131
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
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Attn: Tax Dept., #24400**
City & State City & State
23 **San Diego, CA** 28
Zip Country Zip Country
24 **92131** 25 29 30

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 liability for intangible tax under §. 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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 furnishing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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(1)(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 such officer or director, 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* **Claudia Chan-Shaffer, Vice President** 4/17/95 (619) 530-9539
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

APPROVED AND FILED
95 MAY - 1 PM 8:05
TALLAHASSEE, FLORIDA
300001498623
-05/24/95--01092--004
DO NOT WRITE IN THESE SPACES ***130.00