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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90117 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P32354**

1. Corporation Name
BA CREDIT CORPORATION



Principal Place of Business

450 "B" STREET
 SAN DIEGO CA 92131
 US

Mailing Address

PO BOX 37000
 C/O TAX DEPT #10067-5P
 SAN FRANCISCO CA 92131
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1990

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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 AT DELETE
 NAME CRANDELL, BARBARA
 STREET ADDRESS 799 MARKET ST
 CITY-ST-ZIP SAN FRANCISCO CA

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

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

TITLE PD DELETE
 NAME BROWNE, D A
 STREET ADDRESS 555 CALIFORNIA ST
 CITY-ST-ZIP SAN FRANCISCO CA 94108

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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

VACANT

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (415) 622-8510
 Date Daytime Phone #

CR2E034 (1/1/98)