

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 832733**

1. Entity Name

FIRST CHICAGO LEASING CORPORATION

Principal Place of Business

**ONE FIRST NATIONAL PLAZA
CHICAGO IL 60670**

Mailing Address

**ONE FIRST NATIONAL PLAZA
SUITE 0308
CHICAGO IL 60670
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-2711709**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input type="checkbox"/> Delete
NAME	KUSACK, WILLIAM P	
STREET ADDRESS	511 N. ELMORE	
CITY-ST-ZIP	PARK RIDGE IL	

TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES J. WOODING	
STREET ADDRESS	4840 CENTRAL	
CITY-ST-ZIP	WESTERN SPRINGS, IL 60556	

TITLE	PC	<input type="checkbox"/> Delete
NAME	STRINGER, GEOFFREY L.	
STREET ADDRESS	155 CHURCH RD.	
CITY-ST-ZIP	WINNETKA IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	BERRY, ILONA M	
STREET ADDRESS	4801 GRAND AVE	
CITY-ST-ZIP	WESTERN SPRINGS IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AT	<input type="checkbox"/> Delete
NAME	DONOVAN, JAMES E.	
STREET ADDRESS	701 N. FLORENCE DR.	
CITY-ST-ZIP	PARK RIDGE IL 60068	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	HEINE, MICHAEL D.	
STREET ADDRESS	637 SELBORNE	
CITY-ST-ZIP	RIVERSIDE IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AT	<input type="checkbox"/> Delete
NAME	WULF, CLARK J	
STREET ADDRESS	2056 MIDDLETON DR	
CITY-ST-ZIP	WHEATON IL 60187	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James E. Donovan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*JAMES E. DONOVAN*

Date

03/27/2001 (312)467-8052
Daytime Phone #**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90087 009 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)