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**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34615 (5)

1. Corporation Name
FNBC LEASING CORPORATION

Principal Place of Business ONE FIRST NATIONAL PLAZA, 17TH FLOOR CHICAGO IL 60670-0502	Mailing Address ONE FIRST NATIONAL PLAZA, 17TH FLOOR CHICAGO IL 60603-2003
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/10/1991	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Onefirst National Plaza	4. FEI Number 36-3643427	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 Suite 0308	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Chicago, IL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 60670	30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL
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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 _____ (NOTE: Registered Agent's signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	AT
NAME	NAGATANI, JEAN F.	1.2 NAME	James E. Donovan
STREET ADDRESS	ONE FIRST NATIONAL PLAZA	1.3 STREET ADDRESS	701 N. Florence Dr
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Park Ridge, IL 60068
TITLE	PCD	2.1 TITLE	
NAME	GARGULA, PAUL A.	2.2 NAME	
STREET ADDRESS	ONE FIRST NATIONAL PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	BERRY, ILONA M.	3.2 NAME	
STREET ADDRESS	ONE FIRST NATIONAL PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ROBERTS, WILLIAM J.	4.2 NAME	
STREET ADDRESS	ONE NORTH DEARBORN	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KUSACK, WILLIAM P., JR.	5.2 NAME	
STREET ADDRESS	ONE FIRST NATIONAL PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	HEINE, MICHAEL D.	6.2 NAME	
STREET ADDRESS	637 SELBORNE	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE IL	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: _____ DATE: **4/12/97 (312) 467-8100**

CR2E034 (9/96)