


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 045 ***150.00

DOCUMENT # P34615

1. Entity Name
FNBC LEASING CORPORATION



Principal Place of Business
**1 BANK ONE PLAZA, 11TH FL
 IL1-0286
 CHICAGO, IL 60670-0286**

Mailing Address
**1 BANK ONE PLAZA,
 IL1-0308
 CHICAGO, IL 60670-0286 US**

2. Principal Place of Business
10 SOUTH DEARBORN

3. Mailing Address
10 SOUTH DEARBORN

Suite, Apt. #, etc.
ILL-0041

Suite, Apt. #, etc.
ILL-0308

City & State
CHICAGO IL


City & State
CHICAGO IL

Zip
60603

Country

Zip
60603

Country



04212006 Chg-P CR2E034 (11/05)

4. FEI Number
36-3643427

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

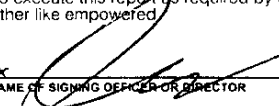
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAGATANI, JEAN F.		NAME	
STREET ADDRESS 10 SOUTH DEARBORN, IL1-0502		STREET ADDRESS	
CITY-ST-ZIP CHICAGO, IL 60603		CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> Delete	TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARGULA, PAUL A.		NAME	
STREET ADDRESS 10 SOUTH DEARBORN, IL1-0502		STREET ADDRESS	
CITY-ST-ZIP CHICAGO, IL 60603		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LONG, ROBERT A JR.		NAME	
STREET ADDRESS 10 SOUTH DEARBORN, IL1-0502		STREET ADDRESS 10 SOUTH DEARBORN IL1-0573	
CITY-ST-ZIP CHICAGO, IL 60603		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINNERMAN, TIMOTHY J		NAME	
STREET ADDRESS 100 E BROAD ST, OH1-0252		STREET ADDRESS	
CITY-ST-ZIP COLUMBUS, OH 43215		CITY-ST-ZIP	
TITLE M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KUSACK, WILLIAM P JR.		NAME	
STREET ADDRESS 10 SOUTH DEARBORN, IL1-0502		STREET ADDRESS	
CITY-ST-ZIP CHICAGO, IL 60603		CITY-ST-ZIP	
TITLE AS	<input checked="" type="checkbox"/> Delete	TITLE AUTHORIZED SIGNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STIEGEL, JAMES S		NAME DROZEK, FRANK J	
STREET ADDRESS ONE NORTH DEARBORN IL1-0308		STREET ADDRESS 10 SOUTH DEARBORN IL1-0308	
CITY-ST-ZIP CHICAGO, IL 60602		CITY-ST-ZIP CHICAGO IL 60603	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank J. Drozek  x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ x

312-407-8060

Daytime Phone #