

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90182 043 \*\*\*150.00



**DOCUMENT # P34615**  
 1. Entity Name  
**FNBC LEASING CORPORATION**

Principal Place of Business  
**10 S DEARBORN IL1-0041  
 CHICAGO, IL 60603**

Mailing Address  
**10 S DEARBORN IL1-0041  
 IL1-0308  
 CHICAGO, IL 60603 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**10 S DEARBORN IL1-0041**  
 Suite, Apt. #, etc.

City & State  
**CHICAGO IL**

Zip  
**60603**

Country

400 -

04042007 Chg-P CR2E034 (12/06)

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]* 04/13/07 **312-407-8060**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #