

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 832733

**Entity Name:** FIRST CHICAGO LEASING CORPORATION**Current Principal Place of Business:**10 SOUTH DEARBORN, IL1-0502  
CHICAGO, IL 60603**Current Mailing Address:**10 SOUTH DEARBORN, IL1-0502  
CHICAGO, IL 60603 US**FEI Number:** 36-2711709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN OF THE BOARD AND  
DIRECTOR  
Name COUNTRYMAN, CARLA L  
Address 10 SOUTH DEARBORN, IL1-0502  
City-State-Zip: CHICAGO IL 60603

Title DIRECTOR  
Name HENDERSON, YALE C  
Address 10 SOUTH DEARBORN, IL1-0502  
City-State-Zip: CHICAGO IL 60603

Title DIRECTOR  
Name IGNELZI, STEVEN N  
Address 10 SOUTH DEARBORN, IL1-0502  
City-State-Zip: CHICAGO IL 60603

Title DIRECTOR AND TREASURER  
Name MANOLA, ELLEN J  
Address 10 SOUTH DEARBORN, IL1-0502  
City-State-Zip: CHICAGO IL 60603

Title SECRETARY  
Name JORDAN, AFIYA M.  
Address 10 SOUTH DEARBORN, IL1-0502  
City-State-Zip: CHICAGO IL 60603

Title DIRECTOR  
Name PELLETIER, WILLIAM C  
Address 10 SOUTH DEARBORN, IL1-0502  
City-State-Zip: CHICAGO IL 60603

Title DIRECTOR  
Name ANSIEL, GLENN EDWARD  
Address 10 SOUTH DEARBORN, IL1-0502  
City-State-Zip: CHICAGO IL 60603

Title PRESIDENT AND CHIEF EXECUTIVE  
OFFICER  
Name COUNTRYMAN, CARLA L  
Address 10 SOUTH DEARBORN, IL1-0502  
City-State-Zip: CHICAGO IL 60603

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLA L COUNTRYMAN**PRESIDENT AND CHIEF  
EXECUTIVE OFFICER****04/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                PAX, ANNE F  
Address             10 SOUTH DEARBORN, IL1-0502  
City-State-Zip:    CHICAGO IL 60603

Title                 DIRECTOR  
Name                STONITSCH, ALOYSIUS T  
Address             10 SOUTH DEARBORN, IL1-0502  
City-State-Zip:    CHICAGO IL 60603