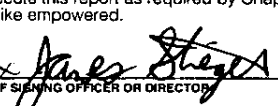


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90413 010 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                                                     |                                                                                                                                |                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 832733</b><br>1. Entity Name<br><b>FIRST CHICAGO LEASING CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                     |                                                                                                                                |                                                                                       |  |
| Principal Place of Business<br><b>ONE FIRST NATIONAL PLAZA<br/>CHICAGO, IL 60670</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                   |                                                                                                                     | Mailing Address<br><b>1 BANK ONE PLAZA<br/>CHICAGO, IL 60670 US</b>                                                            |                                                                                                                                                                        |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                   | 3. Mailing Address                                                                                                  |                                                                                                                                |                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                |                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   | City & State                                                                                                        |                                                                                                                                |                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   | Country                                                                                                             |                                                                                                                                | 4. FEI Number<br><b>36-2711709</b>                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                                                     |                                                                                                                                | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                                    |                                                                                                                                                                        |  |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   |                                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"><b>FL</b> Zip Code</div> |                                                                                                                                                                        |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                     |                                                                                                                                |                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                |                                                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                          |                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>D<br/>KUSACK, WILLIAM P<br/>55 WEST MONROE<br/>CHICAGO, IL 60670</b> <input type="checkbox"/> Delete<br>address change         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>10 SOUTH DEARBORN IL1-0502<br/>CHICAGO IL 60603</b>                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>DC<br/>SCHABES, DAVID H<br/>1 BANK ONE PLAZA<br/>CHICAGO, IL 60670</b> <input checked="" type="checkbox"/> Delete              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DC<br/>FRANCISCO J? PEREIRO<br/>10 SOUTH DEARBORN IL1-0502<br/>CHICAGO IL 60603</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>D<br/>HEINE, MICHAEL D.<br/>55 WEST MONROE<br/>CHICAGO, IL 60603</b> <input type="checkbox"/> Delete<br>address change         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>10 SOUTH DEARBORN IL1-0502<br/>CHICAGO IL 60603</b>                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>T<br/>WULF, CLARK J<br/>ONE NORTH DEARBORN ST.<br/>CHICAGO, IL 60602</b> <input checked="" type="checkbox"/> Delete            |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>T<br/>TIMOTHY J. FINNERAN<br/>100 E BROAD STREET OH1-0252<br/>COLUMBUS OH 43215</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>AT<br/>STIEGEL, JAMES S<br/>ONE NORTH DEARBORN ST.<br/>CHICAGO, IL 60602</b> <input type="checkbox"/> Delete<br>address change |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1 N DEARBORN IL1-0308<br/>CHICAGO IL 60602</b>                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>S<br/>LONG, ROBERT A JR.<br/>1 BANK ONE PLAZA<br/>CHICAGO, IL 60670</b> <input type="checkbox"/> Delete<br>address change      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>10 SOUTH DEARBORN IL1-0573<br/>CHICAGO IL 60603</b>                                 |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                                   |                                                                                                                     |                                                                                                                                |                                                                                                                                                                        |  |
| <b>SIGNATURE: James S. Stiegel</b>  <div style="float: right; text-align: right;"> <b>4/20/05</b><br/>         Date<br/> <b>312-407-8060</b><br/>         Daytime Phone #       </div>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                     |                                                                                                                                |                                                                                                                                                                        |  |