## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000000124

Entity Name: FIFTH THIRD BANK

FILED Apr 21, 2005 Secretary of State

Current Pri	ncipal Place	of Business:	New Principal Place of Business:		
111 LYON STREET, NW GRAND RAPIDS, MI 49503					
Current Mailing Address:			New Mailing Address:		
111 LYON STREET, NW GRAND RAPIDS, MI 49503					
FEI Number: 3	38-0892650	FEI Number Applied For ( ) FEI Nur	nber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and A	Address of C	urrent Registered Agent:	Name and	Address of N	ew Registered Agent:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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  Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PCEO () KABAT, KEVIN 111 LYON STRE GRAND RAPIDS	·	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	FEHRING, PATR	NTER, SUITE 1500	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	P () PELIZZARI, JOH 102 W FRONT S TRAVERSE CITY	TREET	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	STAMPER, BRA	LF ROAD, TOWER 1	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	VS () TUUK, MARY E 111 LYON STRE GRAND RAPIDS		Title: Name: Address: City-St-Zip:	SVP (X) TUUK, MARY E 111 LYON STRI GRAND RAPIDS	
Title: Name: Address: City-St-Zip:	VAS () ROBINSON, M. ( 111 LYON STRE GRAND RAPIDS	ET, NW	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GWEN M. MORRIS AS 04/21/2005