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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:59

DOCUMENT # F93000001539 (6)

1. Corporation Name
BANC ONE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
8604 ALLISONVILLE RD. INDIANAPOLIS IN 46250-0417 US	8604 ALLISONVILLE RD. INDIANAPOLIS IN 46250-0417 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/22/1993	3a. Date of Last Report: 06/30/1994
4. FEI Number: 35-1265817	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATE SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, STEVEN C	1.2 NAME	
STREET ADDRESS	8604 ALLISONVILLE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, CHARLES F	2.2 NAME	
STREET ADDRESS	100 E. BROAD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BONDS, RICHARD T	3.2 NAME	
STREET ADDRESS	111 MONUMENT CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	V ☒ Change ☐ Addition
NAME	CREEK, ANNE W	4.2 NAME	Embry, H. Burton
STREET ADDRESS	2400 CORPORATE EXCHANGE DR.	4.3 STREET ADDRESS	8604 Allisonville Rd.
CITY-ST-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	Indianapolis, IN 46250
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	HAMMITT, DAVID J	5.2 NAME	
STREET ADDRESS	8604 ALLISONVILLE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INIDANAPOLIS IN	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	HULING, JAMES A	6.2 NAME	
STREET ADDRESS	100 E. BROAD ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. Burton Embry 2-2-95 317-525-8216
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
H. Burton Embry - Vice-President

0470887 FP