

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90238 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001539

1. Corporation Name
BANC ONE FINANCIAL SERVICES, INC.

Principal Place of Business 8604 ALLISONVILLE RD. INDIANAPOLIS IN 46250-0417 US	Mailing Address CORPORATE TAX SERVICES P.O. BOX 710252 COLUMBUS OH 43271-0252
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1993	
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
4. FEI Number 35-1265817	
Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324	
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, CHARLES F	2.2 NAME	David S. Hay
STREET ADDRESS	100 E. BROAD ST.	2.3 STREET ADDRESS	111 Monument Circle, Suite 601
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	Indianapolis, IN 46277
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Tax Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONDS, RICHARD T	3.2 NAME	Barry L. Besece
STREET ADDRESS	111 MONUMENT CIR.	3.3 STREET ADDRESS	100 East Broad Street
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	Columbus, OH 43271-0252
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULING, JAMES A	4.2 NAME	
STREET ADDRESS	100 E. BROAD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Tax Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Barry L. Besece
STREET ADDRESS		5.3 STREET ADDRESS	100 East Broad Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Columbus, OH 43271-0252
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Barry L. Besece **SIGNATURE REQUIRED** **Barry L. Besece** April 29, 1999 614 248-6818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0625411