

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 14 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002564

1. Corporation Name

BANC ONE SECURITIES CORPORATION

Principal Place of Business

Mailing Address

~~733 GREENCREST DRIVE~~
~~WESTERVILLE OH 43081~~

~~733 GREENCREST DRIVE~~
~~WESTERVILLE OH 43081~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1111 POLARIS PARKWAY

Suite, Apt. #, etc.

City & State

COLUMBUS, OH

Zip

43240

Country

USA

3. New Mailing Office Address, If Applicable

1111 POLARIS PARKWAY

Suite, Apt. #, etc.

City & State

COLUMBUS, OH

Zip

43240

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1999

5. FEI Number

31-1147810

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CP	REED, MICHAEL JOHN SR.	733 GREENCREST DRIVE 1111 POLARIS PARKWAY SUITE B-2	WESTERVILLE OH 43081 COLUMBUS, OH 43240
D	KUNDERT, DAVID JON	1111 POLARIS PARKWAY, SUITE B-2	COLUMBUS OH 43240
AS	MARKHAM, BRADFORD M	ONE FIRST NATIONAL PLAZA, SUITE 300 SOUTH RIVERSIDE	CHICAGO IL 60678 60606
TCFO	MARTIN, KEVIN LEE	733 GREENCREST DRIVE 1111 POLARIS PARKWAY, SUITE B-2	WESTERVILLE OH 43081 COLUMBUS, OH 43240
AS	STOUTAMIRE, ELLEN	733 GREENCREST DRIVE 1111 POLARIS PARKWAY, SUITE B-2	WESTERVILLE OH 43081 COLUMBUS, OH 43240
AT	MOHR, CHRIS J.	100 E BROAD ST.	COLUMBUS, OH 43215

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/15/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Chris J. Mohr
CHRIS J. MOHR, ASSISTANT TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/01

Daytime Phone #

614-248-4422

CR2E040 (8/01)