

2002 UNIFORM BUSINESS REPORT (UBR)

0016712 AB

DOCUMENT # **F99000002564**

1. Entity Name

BANC ONE SECURITIES CORPORATION

FILED

02 MAR 18 PM 12:34

Principal Place of Business

**1111 POLARIS PARKWAY
COLUMBUS OH 43240**

Mailing Address

**1111 POLARIS PARKWAY
COLUMBUS OH 43240**

[Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1147810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete
NAME **REED, MICHAEL JOHN SR.**
STREET ADDRESS **1111 POLARIS PARKWAY, SUITE B-2**
CITY-ST-ZIP **COLUMBUS OH 43240**

TITLE ☐ Change ☐ Addition
NAME **500005182295--0**
STREET ADDRESS **-04/02/02--01030--001**
CITY-ST-ZIP *****150.00 ***150.00**

TITLE **D** ☐ Delete
NAME **KUNDERT, DAVID JON**
STREET ADDRESS **1111 POLARIS PARKWAY, SUITE B-2**
CITY-ST-ZIP **COLUMBUS OH 43240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **MARKHAM, BRADFORD M**
STREET ADDRESS **300 SOUTH RIVERSIDE**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TCFO** ☐ Delete
NAME **MARTIN, KEVIN LEE**
STREET ADDRESS **1111 POLARIS PARKWAY, SUITE B-2**
CITY-ST-ZIP **COLUMBUS OH 43240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **STOUTAMIRE, ELLEN**
STREET ADDRESS **1111 POLARIS PARKWAY, SUITE B-2**
CITY-ST-ZIP **COLUMBUS OH 43240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AT** ☐ Delete
NAME **MOHR, CHRIS J**
STREET ADDRESS **100 E. BROAD STREET**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Bradford M. Markham** 3/13/02 (312) 954-5301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)