

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90128 008 ***150.00

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1. Entity Name
BANC ONE SECURITIES CORPORATION



Principal Place of Business
1111 POLARIS PARKWAY
COLUMBUS, OH 43240

Mailing Address
1 BANK ONE PLACE
IL1-0308
CHICAGO, IL 60670

24045593



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004

Chg-P

CR2E034 (10/03)

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**

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 D/C ☒ Change ☐ Addition
NAME Michael J. Reed
STREET ADDRESS 1111 Polaris Pkwy OH1-0116
CITY-ST-ZIP Columbus OH 43240

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

TITLE AT ☒ Change ☒ Addition
NAME Robert J. Gainer
STREET ADDRESS One North Dearborn St IL1-0308
CITY-ST-ZIP Chicago IL 60602

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

TITLE AS ☒ Change ☐ Addition
NAME Bradford M. Markham
STREET ADDRESS 300 S. Riverside IL1-0291
CITY-ST-ZIP Chicago IL 60606

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

TITLE T/CFO ☒ Change ☐ Addition
NAME Kevin L. Martin
STREET ADDRESS 1111 Polaris Pkwy OH1-1249
CITY-ST-ZIP Columbus OH 43240

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

TITLE S ☒ Change ☐ Addition
NAME Ellen F. Stoutamire
STREET ADDRESS 1111 Polaris Pkwy OH1-0152
CITY-ST-ZIP Columbus OH 43240

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

TITLE AT ☐ Change ☒ Addition
NAME James S. Stiegel
STREET ADDRESS One North Dearborn St IL1-0308
CITY-ST-ZIP Chicago IL 60602

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James S. Stiegel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

312-336-7727

Daytime Phone #