


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90164 039 \*\*\*150.00

<b>DOCUMENT # F99000002564</b>					
<b>1. Entity Name</b> <b>BANC ONE SECURITIES CORPORATION</b>					
<b>Principal Place of Business</b> <b>1111 POLARIS PARKWAY</b> <b>COLUMBUS, OH 43240</b>			<b>Mailing Address</b> <b>1 BANK ONE PLACE</b> <b>IL1-0308</b> <b>CHICAGO, IL 60670</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <b>10 South Dearborn</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>IL1-0308</b>			
<b>City &amp; State</b>		<b>City &amp; State</b> <b>Chicago IL</b>			
<b>Zip</b>	<b>Country</b>	<b>Zip</b> <b>60603</b>	<b>Country</b>	<b>4. FEI Number</b> <b>31-1147810</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			<b>Name</b>		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b>		
			<b>City</b>		
			<b>FL</b>		<b>Zip Code</b>
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DCEV</b> <b>REED, MICHAEL J</b> <b>1111 POLARIS PKWY OH1-0116</b> <b>COLUMBUS, OH 43240</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AT</b> <b>GAINER, ROBERT J</b> <b>ONE NORTH DEARBORN ST IL1-0308</b> <b>CHICAGO, IL 60602</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> <b>MARKHAM, BRADFORD M</b> <b>300 S RIVERSIDE IL1-0291</b> <b>CHICAGO, IL 60606</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TCFO</b> <b>MARTIN, KEVIN LEE</b> <b>1111 POLARIS PKWY OH1-1249</b> <b>COLUMBUS, OH 43240</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>ANDERSON, ELLEN F.</b> <b>1111 POLARIS PKWY OH1-0152</b> <b>COLUMBUS, OH 43240</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> <b>STIEGEL, JAMES S</b> <b>ONE NORTH DEARBORN ST IL1-0308</b> <b>CHICAGO, IL 60602</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DCEV</b> <b>Scharf, Charles W.</b> <b>270 Park Avenue NY1-K249</b> <b>New York NY 10017</b>	
			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DPCEO</b> <b>Felker, Robert W.</b> <b>131 South Dearborn IL1-0401</b> <b>Chicago IL 60603</b>	
			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>Warta, Teresa L.</b> <b>420 West Van Buren IL1-0240</b> <b>Chicago IL 60603</b>	
			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>Berry, James C.</b> <b>270 Park Avenue NY1-K685</b> <b>New York NY 10017</b>	
			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Authorized Signer</b> <b>Drozek, Frank J.</b> <b>10 South Dearborn IL1-0308</b> <b>Chicago IL 60603</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE: Frank J. Drozek</b> _____ <b>312-407-8060</b>					
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> _____ <b>Date</b> _____ <b>Daytime Phone #</b> _____					