## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F99000002954

Entity Name: BANC ONE INSURANCE AGENCY, INC.

FILED Aug 21, 2002 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
111 E. WISCONSIN AVE., SUITE 1510 MILWAUKEE, WI 53202				111 E. WISCONSIN AVE., SUITE 1250 MILWAUKEE, WI 53202		
Current Mailing Address:				New Mailing Address:		
111 E. WISCONSIN AVE., SUITE 1510 MILWAUKEE, WI 53202			111 E. WISCONSIN AVE., SUITE 1250 MILWAUKEE, WI 53202			
FEI Number: 39-1610807 FEI Number Applied For ( ) FEI Num			nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:						
Electronic Signature of Registered Agent				Date		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).  Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MILESKO, GLÉN	SIN AVE., SUITE 1510		Title: Name: Address: City-St-Zip:	MILESKO, GLEN	SIN AVE., SUITE 1250
Title: Name: Address: City-St-Zip:	BLEASING, JOAN	SIN AVE., SUITE 1510		Title: Name: Address: City-St-Zip:	BLEASING, JOAN	SIN AVE., SUITE 1250
Title: Name: Address: City-St-Zip:	BENNETT, CHAR	SIN AVE., SUITE 1510		Title: Name: Address: City-St-Zip:	BENNETT, CHAR	SIN AVE., SUITE 1250
Title: Name: Address: City-St-Zip:	S () E RASMUSSEN, JO 111 E. WISCONS MILWAUKEE, WI	ON S SIN AVE., SUITE 1510		Title: Name: Address: City-St-Zip:	WORF, JEFF A	Change ( ) Addition SIN AVE., SUITE 1250 53202
Title: Name: Address: City-St-Zip:	D () E KUNDERT, DAVIE 4599 BEECHER NEW ALBANY, O	COURT		Title: Name: Address: City-St-Zip:	()0	Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () E KIMBLE, DONALI 2920 WELSH HIL GRANVILLE, OH	LS ROAD		Title: Name: Address: City-St-Zip:	( ) C	Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN J. MILESKO PD 08/21/2002