2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004
Secretary of State

DOCUMENT# F99000002954

Entity Name: BANC ONE INSURANCE AGENCY, INC.

Current Principal Place of Business:

111 E. WISCONSIN AVE., SUITE 1250
MILWAUKEE, WI 53202

New Principal Place of Business:

111 E. WISCONSIN AVE., SUITE 1100
MILWAUKEE, WI 53202

Current Mailing Address:

111 E. WISCONSIN AVE., SUITE 1250
MILWAUKEE, WI 53202

New Mailing Address:

111 E. WISCONSIN AVE., SUITE 1100
MILWAUKEE, WI 53202

FEI Number: 39-1610807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: BLEASING, JOANNE
Address: 111 E. WISCONSIN AVE., SUITE 1250
City-St-Zip: MILWAUKEE, WI 53202

Title: TD ( ) Delete
Name: BENNETT, CHARLES D
Address: 111 E. WISCONSIN AVE., SUITE 1250
City-St-Zip: MILWAUKEE, WI 53202

Title: S ( ) Delete
Name: WORF, JEFF A
Address: 111 E. WISCONSIN AVE., SUITE 1250
City-St-Zip: MILWAUKEE, WI 53202

Title: D ( ) Delete
Name: KUNDERT, DAVID J
Address: 4599 BEECHER COURT
City-St-Zip: NEW ALBANY, OH 43054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: DUMBAULD, SCOTT
Address: 111 E. WISCONSIN AVE., SUITE 1100
City-St-Zip: MILWAUKEE, WI 53202

Title: D (X) Change ( ) Addition
Name: RIESTERER, JAMIE
Address: 111 E. WISCONSIN AVE., SUITE 1100
City-St-Zip: MILWAUKEE, WI 53202

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: HARLIN, JAMES L
Address: 111 E. WISCONSIN AVE. #1100
City-St-Zip: MILWAUKEE, WI 53202

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: JAMES L HARLIN P 01/27/2004

Electronic Signature of Signing Officer or Director — Date