

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000003634

1. Corporation Name

BANC ONE CAPITAL MARKETS, INC.

FILED

00 OCT 16 AM 11:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1 Bank One Plaza
ONE FIRST NATIONAL PLAZA
CHICAGO IL 60670

Mailing Address
1 Bank One Plaza
ONE FIRST NATIONAL PLAZA
CHICAGO IL 60670



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1 BANK ONE PLAZA

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1999

Suite, Apt. #, etc.
SUITE IL1-0030

Suite, Apt. #, etc.

5. FEI Number

36-3595942

Applied For

Not Applicable

City & State
CHICAGO, IL

City & State

Zip
60670

Country
COOK

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GOATS, ROBERT T JR W. ROBERT FELKER, PRES	ONE FIRST NATIONAL PLAZA 1 BANK ONE	CHICAGO IL 60670
V	NAZAR, PATRICIA L	ONE FIRST NATIONAL PLAZA 1 Bank One	CHICAGO IL 60670
S	MCCULLOH, JOHN R	ONE FIRST NATIONAL PLAZA 1 Bank One	CHICAGO IL 60670
CFO	ADDISON, JAMES B WILLIAM ROMANI	ONE FIRST NATIONAL PLAZA 1 BANK ONE	CHICAGO IL 60670
D	PRED, NICK G DAVID SCHABES, CHARMAN	ONE FIRST NATIONAL PLAZA 1 BANK ONE	CHICAGO IL 60670
D	RONEY, WILLIAM C III DAVID DONOVAN JAMES BALDINO	ONE FIRST NATIONAL PLAZA 1 BANK ONE	CHICAGO IL 60670

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

3000003436173--0

Suite, Apt. #, Etc.

10/24/00 01019-006
****750.00 ****750.00

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/13/00

Jeffrey R. Graves, Asst. Secretary

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA NAZAR

Date

Daytime Phone #

10/12/2000

312-732-1715