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2001 UNIFORM BUSINESS REPORT (UB
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BANC ONE CAPITAL MARKETS, INC.  FILE D  OI JAN 11 PN 1: 55  I BANK ONE FAZA  I BANK ONE FAZA  SIRTE LLOGO  GRICKOGO LI 6600  GRICKOGO LI 66000  GRICKOGO LI 6600  GRICKOGO LI 6600  GRICKOGO LI 6600  GRICKOGO LI 66000  GRICKOGO LI 6600	DOCU		# F99000				ì					Ū
Principal Place of Business  I BMM ONE PAZA  II BMM CONE PAZA  SINE IL HOROS  OHCHOOD I GORD	-	~	AL MARKETS, INC	، نغو	, <b>3</b>			F	ILED			
SIGNATURE:    SAME OF PLAN   STATE   SAME OF PLAN   SECRETARY OF STATE   ADDITIONS/OHNORS TO OFFICERS AND DIRECTORS WITH   STATE   A								Ω1 1AN	I L DU	1. 66		
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2. Periodos Place de Businessa.  Sultar, Apit. 4 etc.  Sultar, Api	SUITE IL1-0030	ı		SUITE IL1-0030				SECRETA	RY OF S	TATE		
Sure. Apt. #. etc.    Sure. Apt. #. etc.   Sure. Apt. #. etc.	CHICAGO IL SU	x0/U		CHICAGO IL 60670					SSEE FLI	JRIĐA Hill <b>a bila</b> ili	(1 <b>6) 6</b> 1 ( <b>88</b> )	
City & State    City & State	2. Principal F	Place of Busir	ness	3. Mailing Address								
Signature   Part	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				ť.	<b>.</b>	). Æ~		
Signature:    Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   Sa.75 Acational Free Required   Rep	City & Stat	te		City & State			4.	FEI Number 36-359594	2		•	-
Name   Street Andress (P.O. Box Number is Not Acceptable)   Street Andress (P.O. Box Number is Not Acceptable)	Zip <sup>*</sup>		Country	Zip	Coun	try	5.	Certificate of Status Desired		8.75 Add	litional	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISJAND ROAD PLANTATION FL. 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Systems, hyster inflience signed and title it applicable.  PAT als corporation is alignible to satisfy the Intergible Task filling requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550,00  After MAY 1, 2001 Fee wil		6. Name	and Address of Curren	t Registered Agent			7.	Name and Address of New	Registered A	jent		1
SIGNATURE  City  FL  Zip Code  City  Addition in the bille to sately its Intarguity  Task fling requirement and elected to do so.  (See criteria on back)  (See criteria on back)  City  Attra May 1, 2001 Fee will be \$550,00  Make Check Payable to Department of State  The FL  City  Addition Signature  Addition City  FL  Addition City  FL  ADDITIONS/CHANGES TO CONFIDERS AND DIRECTORS Intil  The FL  City  Addition City  Addition City  FL  ADDITIONS/CHANGES TO CONFIDERS AND DIRECTORS Intil  Change   Addition  MARE	СТ	CORPORAT	ION SYSTEM			Name						
8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent or both, in the State of Rordan.  SIGNATURE    Const.   Suppose of prince feared leave and use a explication.   Suppose of the purpose of changing its registered agent or both, in the State of Rordan.  SIGNATURE   Const.   Suppose of prince feared leave and use a explication.   Suppose of prince feared leave and use a explication.   Suppose of prince feared leave and use a explication.   Suppose of prince feared leave and use a explication.   Suppose of prince feared leave.   Suppose of prince	1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)								
SIGNATURE    Construction   Construc	FLAI	NIAHON FL	33324									
SIGNATURE    Consignation   Surphian   Surph						City			FL	Zip Code	9	İ
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)    OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	8. The above	named entity	submits this statement f	or the purpose of changing it	s registere	ed office or regi	istered a	gent, or both, in the State of F	orida.	•		1
Tax fling requirement and elects to do so.   Make Check Payable to Department of State    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   PD	SIGNATURE	Signature, typed	or printed name of registered agen	Connie t and title if applicable. (NO	Brya. TE: Registere	n Spec d Agent signafure red	quired when	Asst. Secy.	DATE	1-01		
TITLE NAME FELKER, W. ROBERT STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60670  TITLE NAME NAZAR, PATRICIA L STREET ADDRESS CITY-ST-ZIP HANK ONE PLAZA CHICAGO IL 60670  TITLE NAME NAZAR, PATRICIA L STREET ADDRESS CITY-ST-ZIP HANK ONE PLAZA CHICAGO IL 60670  TITLE NAME NAZAR, PATRICIA L STREET ADDRESS CITY-ST-ZIP HANK ONE PLAZA CHICAGO IL 60670  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET A	Tax filing	requirement a	and elects to do so.	After MAY 1, 2	001 Fee	will be \$550.0						
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NAME STREET ADDRESS CITY-ST-ZIP  13. 1 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  Bignature and Typed or PRINTED NAME OF FIGURIO OFFICER OR DIRECTOR  Date  Date  Date  Date  Description:  Description:  Date  Description:  Descriptio												ł
STREET ADDRESS CITY-ST-ZIP  13. 1 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dat	TITLE	1 -	DA141D	☐ Delete					[	Change	☐ Addition	
CITY-ST-ZIP  CHICAGO IL 60670  CITY-ST-ZIP  13. 1 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF PICATING OFFICER OR DIRECTOR  Date										2/2		
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date	indicated	on this repor	t or supplemental report is	s true and accurate and that	mv signat	ure shall bave t	he same	legal effect as if made under	oath: that I am	an officer i	or director	
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	SIGNAT	URE: _		PRINTED NAME OF SIGNING OFFICER	OR DIRECT	ОЯ		1/9/97	3/2 - 7	73 2 - ime Phone #	1715	