

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90413 008 ***150.00

14014193



DOCUMENT # F99000003634 1. Entity Name BANC ONE CAPITAL MARKETS, INC.					
Principal Place of Business 1 BANK ONE PLAZA SUITE IL1-0030 CHICAGO, IL 60670			Mailing Address 1 BANK ONE PLAZA SUITE IL1-0308 CHICAGO, IL 60670		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-3595942	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELKER, W. ROBERT 1 BANK ONE PLAZA IL1-0401 CHICAGO, IL 60670	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D PAUL W. BRANDOW 270 PARK AVENUE NY1-K245 NEW YORK NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMICANGELO, NANCY M 1 BANK ONE PLAZE IL1-0482 CHICAGO, IL 60670	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARAH GILL 277 PARK AVENUE NY1-L202 NEW YORK NY 10172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCULLOH, JOHN R 1 BANK ONE PLAZA IL1-0801 CHICAGO, IL 60670	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOS M. HERNANDEZ 270 PARK AVENUE NY1-K083 NEW YORK NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BOSHART, JAMES S III 1 BANK ONE PLAZA IL1-0297 CHICAGO, IL 60670	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T LISA J. FITZGERALD 270 PARK AVENUE NY1-K570 NEW YORK NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SCHABES, DAVID 1 BANCK ONE PLAZA IL1-0401 CHICAGO, IL 60670	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S JAMES C. BERRY WILSHIRE PLAZA WEST NJ2-M307 TROY MI 48084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC BAMMANN, LINDA 1 BANK ONE PLAZA IL1-0297 CHICAGO, IL 60670	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUTHORIZED SIGNER JAMES S. STIEGEL ONE NORTH DEARBORN IL1-0308 CHICAGO IL 60602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: JAMES S. STIEGEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/21/05 Date		
312-336-7727 Daytime Phone #					