

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 044 ***150.00

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 10 SOUTH DEARBORN		3. Mailing Address 10 SOUTH DEARBORN			
Suite, Apt. #, etc. IL1-0030		Suite, Apt. #, etc. IL1-0308			
City & State CHICAGO IL		City & State CHICAGO IL			
Zip 60603	Country	Zip 60603	Country	4. FEI Number 36-3595942	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	PCD BRANDON, PAUL W 270 PARK AVE, NY1-K245 NEW YORK, NY 10017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, SARAH 277 PARK AVE, NY1-L202 NEW YORK, NY 10172 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, CARLOS M 270 PARK AVE, NY1-K083 NEW YORK, NY 10017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV 277 PARK AVENUE NY1-L174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FITZGERALD, LISA J 270 PARK AVE, NY1-K570 NEW YORK, NY 10017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BERRY, JAMES C WILSHIRE PLAZA WEST, NJ2-M307 TROY, MI 48084 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUTHORIZED SIGNER DROZEK, FRANK J 10 SOUTH DEARBORN IL1-0308 CHICAGO IL 60603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIEGEL, JAMES S ONE NORTH DEARBORN, IL1-0308 CHICAGO, IL 60602 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Frank J. Drozek			312-407-8060		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		