2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# M01000001895

Entity Name: FLEET BUSINESS CREDIT, LLC

Current Principal Place of Business:

ONE S. WACKER DR.
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

ONE S. WACKER DR.
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-2736268 **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

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	LAUGHLIN, TERRENCE P MR.	
Address:	ONE S. WACKER DR.	
City-St-Zip:	CHICAGO, IL 60606	
Title:	MGRM	( ) Delete
Name:	FARLEY, MICHAEL A MR.	
Address:	ONE S. WACKER DR.	
City-St-Zip:	CHICAGO, IL 60606	
Title:	MGRM	(X) Delete
Name:	ROBBINS, JOANNA MS.	
Address:	ONE S. WACKER DR	
City-St-Zip:	CHICAGO, IL 60606	
Title:	MGRM	( ) Delete
Name:	CHAMIDES, RONALD H MR.	
Address:	ONE S. WACKER DR	
City-St-Zip:	CHICAGO, IL 60606	
Title:	MGRM	( ) Delete
Name:	HIGGINBOTHAM, RICHARD A MR.	
Address:	ONE S. WACKER DR.	
City-St-Zip:	CHICAGO, IL 60606	
Title:	MGRM	( ) Delete
Name:	LEHNERTZ, GEORGE L MR.	
Address:	ONE S. WACKER DR.	
City-St-Zip:	CHICAGO, IL 60606	

ADDITIONS/CHANGES:

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGE L. LEHNERTZ MGRM 04/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date