

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90415 042 ***150.00

0806410 AT

DOCUMENT # P03593

1. Entity Name

FINANCE ONE CORPORATION

Principal Place of Business

**825 TECH CTR DR
 THIRD FLOOR
 COLUMBUS OH 43230
 US**

Mailing Address

**100 EAST BROAD STREET
 DEPT. 0252
 COLUMBUS OH 43271-0252**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 710252

City & State

COLUMBUS, OH

Zip

Country

43271-0252

Country

4. FEI Number

31-1105591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **ST HAY, DAVID S**
 STREET ADDRESS **111 MONUMENT CIR STE 601**
 CITY-ST-ZIP **INDIANAPOLIS IN 46277**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **AS GOOD, CARL S**
 STREET ADDRESS **201 N CENTRAL AVE**
 CITY-ST-ZIP **PHOENIX AZ 85004**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **AT WOODING, CHARLES F**
 STREET ADDRESS **1 N DEARBORN ST**
 CITY-ST-ZIP **CHICAGO IL 60670**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DP TINSLEY, EDWARD**
 STREET ADDRESS **1600 E NORTHERN STE 1350**
 CITY-ST-ZIP **PHOENIX AZ 85020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **AT MOHR, CHRISTOPHER J**
 STREET ADDRESS **100 E BROAD STREET**
 CITY-ST-ZIP **COLUMBUS FL 43271**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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

2-20-02 614-248-4422

Date

Daytime Phone #

CR2E034 (9/01)