

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P03593

1. Entity Name
FINANCE ONE CORPORATION



Principal Place of Business
825 TECH CTR DR
THIRD FLOOR
COLUMBUS, OH 43230 US

Mailing Address
10 SOUTH DEARBORN
IL1-0308
CHICAGO, IL 60670

DO NOT WRITE IN THIS SPACE



05022008 No Chg-P CR2E034 (11/05)

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

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000951043
06/04/08-80015-025 550.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HORAN, ANTHONY J
STREET ADDRESS	270 PARK AVE NY1-K748
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	T
NAME	CAVANACH, MICHAEL J
STREET ADDRESS	270 PARK AVE NY1-K224
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	DPCE
NAME	DIMON, JAMES
STREET ADDRESS	270 PARK AVE NY1-K224
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	VP
NAME	DROZEK, FRANK J
STREET ADDRESS	10 S. DEARBORN IL1-0308
CITY-ST-ZIP	CHICAGO, IL 60603
TITLE	V
NAME	BERRY, JAMES C
STREET ADDRESS	4 CHASE METROTECH CENTER NY1-C397
CITY-ST-ZIP	BROOKLYN, NY 11245
TITLE	DEV
NAME	SCHARF, CHARLES W
STREET ADDRESS	270 PARK AVE NY1-K249
CITY-ST-ZIP	NEW YORK, NY 10017

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-05-08

Date

312-407-8060

Daytime Phone #