May 05, 1999 8:00 am Secretary of State

05-05-1999 90238 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P10184

1. Corporation Name

BANC ONE KENTUCKY LEASING CORPORATION

Principal Place	e of Business	Mailing Address	Mailing Address								
416 WEST JEFF			CORPORATE TAX SERVICES								
LOUISVILLE KY 40202		P O BOX 710252 COLUMBUS OH 43271-252					DO NOT WRITE IN THIS SPACE				
		US	1-232			3. Date Ir	ncorporated or Qualifed				
						05/22	2/1986				
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number 13-2693760		\rightarrow	Applied For	
21		26			13-20	393760			Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifo	ate of Status Desired		,	Additional Required		
22 City 8 Stat		City & State				- Floatio	Oi Financina			_ ` 	
City & Stat	.e	⊢ ¬ ′	├ ─ ┐			;	on Campaign Financing Fund Contribution			O May Be d to Fees	
23) Zip	Country	Zip					orporation owes the cu	rrant year Int		10.000	
24	25 29		30			I	nal Property Tax.	Ten year na	Yes	□No	
24	9. Name and Address of Current						10. Name and Address of New Registered Agent				
				81	Name						
	CORPORATION SYSTEM			82	Street	Address (P.O. Bo)	v Number is Not Accen	table)			
	S. PINE ISLAND ROAD			62	3000.	treet Address (P.O. Box Number is Not Acceptable)					
PLAI	ntation FL 33324			83							
				84	City				85 Zip	Code	
					,			FL	.		
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida	Statutes, the a	bove	-named	corporation submi	its this statement for the	a purpose of	changing i	ts registered	
office or r agent. I a	registered agent, or both, in the State o im familiar with, and accept the obligati	of Florida, Such change ions of, Section 607.050	was authorized 5, Florida Staf	utes	(Ո ս Նուխ	Ofation's board or c	Directors, Friendly wood	thr rue abbou	Illinoin au i	Egiotorea	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·									`	
	Signature, typed or printed name of registered agent				t signature r	required when reinstating)		DATE OATE	ID DIDECT	CODE IN 12	
12.	OFFICERS AND		13.			ADDITIO	ONS/CHANGES TO O	-FICERS AI	Change		
TITLE	EVPD			1.1 TITLE		1				,	
NAME	SHWAB, HUGH M., III			1.2 NAME							
STREET ADDRESS		416 W. JEFFERSON ST.		1.3 STREET ADDRESS							
CITY-ST-ZIP	LOUISVILLE KY			mr-ST	í-ZIP	 			☐ Change	e Addition	
TILE	1 -	<u>-</u>		2.1 TITLE					L) Origings	3	
NAME	SCHUMACHER, JESSICA R	₹	2.2 N								
STREET ADDRESS	1 .	t			ADORESS	}					
CITY-ST-ZIP				CITY-S	T-ZIP	 _			Change	e	
TITLE	_		TLE		ļ			LJ Ullange	* LI Addison		
NAME	ZEMANSKI, KEVIN M		3.2 N								
STREET ADDRESS	1				ADDRESS						
CITY-ST-ZIP				3.4. CITY-ST-ZIP		ļ			Change	Addition	
TITLE	VP DELETE 4.11		_					Change	e		
NAME	PETER, LARRY C			NAME		1				ł	
STREET ADDRESS	I				ADDRESS	1					
CITY-ST-ZIP	LOUISVILLE KY			TY-S1	[-ZIP				Change	Addition	
TITLE	VPD	☐ DELE							Change	e 🗌 Addition	
NAME	FERGUS, JAMES M		. 52 N			1				Ì	
STREET ADDRESS			,		ADDRESS						
CITY-ST-ZIP	COLUMBUS OH 43240	☐ DELE		ITY-SI	T-ZIP	_			☐ Change	e Addition	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BALLANTINE, RICHARD W

COLUMBUS OH 43240

1111 POLARIS PKWY, STE A3

Barry L. Besece

April 29, 1999

614 248-6818

Daytime Phone #