


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90289 034 ***150.00

DOCUMENT # P10184
 1. Entity Name
BANC ONE KENTUCKY LEASING CORPORATION



Principal Place of Business
**416 WEST JEFFERSON ST.
 LOUISVILLE, KY 40202**

Mailing Address
**1 BANK ONE PLAZA
 ILI-0308
 CHICAGO, IL 60607 US**

94055017

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**1 Bank One Plaza
 ILI-0308**

City & State
Chicago IL

Zip Country
60670 US

04012004 Chg-P CR2E034 (10/03)

4. FEI Number
13-2693760

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. 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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARGULA, PAUL A 55 W MONROE CHICAGO, IL 60670 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NAGATANI, JEAN F 55 W MONROE CHICAGO, IL 60670 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREIRO, FRANCISCO J 55 W MONROE CHICAGO, IL 60670 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DVORAK, ANNE P 2150 S COUNTRY CLUB DR MESA, AZ 85210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LORENZ, MARY KAY 55 W MONROE CHICAGO, IL 60670 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZUREK, NAOMI S 55 W MONROE CHICAGO, IL 60670 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Paul A. Gargula 55 West Monroe ILI-0502 Chicago IL 60603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Jean F. Nagatani 55 West Monroe ILI-0502 Chicago IL 60603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Francisco J. Pereiro 55 West Monroe ILI-0502 Chicago IL 60603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Clark J. Wulf One North Dearborn St ILI-0308 Chicago IL 60602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Mary Kay Lorenz 55 West Monroe ILI-0502 Chicago IL 60603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Robert A. Long, Jr. 1 Bank One Plaza ILI-0573 Chicago IL 60670 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clark J. Wulf *Clark J. Wulf* x 4/15/04 312-407-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #