


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90414 030 ***150.00

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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 60670 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-2693760	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARGULA, PAUL A	NAME			
STREET ADDRESS	55 WEST MONROE, ILI-0502 change address	STREET ADDRESS	10 SOUTH DEARBORN ILI-0502		
CITY-ST-ZIP	CHICAGO, IL 60603	CITY-ST-ZIP	CHICAGO IL 60603		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAGATANI, JEAN F	NAME			
STREET ADDRESS	55 WEST MONROE, ILI-0502 change address	STREET ADDRESS	10 SOUTH DEARBORN ILI-0502		
CITY-ST-ZIP	CHICAGO, IL 60603	CITY-ST-ZIP	CHICAGO IL 60603		
TITLE	M <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREIRO, FRANCISCO J	NAME			
STREET ADDRESS	55 WEST MONROE, ILI-0502 change address	STREET ADDRESS	10 SOUTH DEARBORN ILI-0502		
CITY-ST-ZIP	CHICAGO, IL 60603	CITY-ST-ZIP	CHICAGO IL 60603		
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WULF, CLARK J	NAME	T		
STREET ADDRESS	ONE NORTH DEARBORN ST., ILI-0308	STREET ADDRESS	100 EAST BROAD STREET OHI-0252		
CITY-ST-ZIP	CHICAGO, IL 60602	CITY-ST-ZIP	COLUMBUS OH 43215		
TITLE	M <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LORENZ, MARY KAY	NAME	AUTHORIZED SIGNER		
STREET ADDRESS	55 WEST MONROE, ILI-0502	STREET ADDRESS	JAMES S. STIEGEL		
CITY-ST-ZIP	CHICAGO, IL 60603	CITY-ST-ZIP	ONE NORTH DEARBORN ILI-0308		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, ROBERT A JR.	NAME			
STREET ADDRESS	1 BANK ONE PLAZA, ILI-0573 change address	STREET ADDRESS	10 SOUTH DEARBORN ILI-0573		
CITY-ST-ZIP	CHICAGO, IL 60670	CITY-ST-ZIP	CHICAGO IL 60603		
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: James S. Stiegel			Date: 4/21/05		Daytime Phone #: 312-336-7727
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>