


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 046 ***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 IL1-0308 CHICAGO, IL 60670 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 10 SOUTH DEARBORN Suite, Apt. #, etc. IL1-0308 City & State CHICAGO IL Zip Country 60603			
		4. FEI Number 13-2693760		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DP GARGULA, PAUL A 10 SOUTH DEARBORN, IL1-0502 CHICAGO, IL 60603 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGATANI, JEAN F 10 SOUTH DEARBORN, IL1-0502 CHICAGO, IL 60603 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PEREIRO, FRANCISCO J 10 SOUTH DEARBORN, IL1-0502 CHICAGO, IL 60603 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINNERAN, TIMOTHY J 100 WEST BROAD STREET, OH1-0252 COLUMBUS, OH 43215 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MANOLA, ELLEN J 10 SOUTH DEARBORN IL1-0502 CHICAGO IL 60603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M STIEGEL, JAMES S ONE NORTH DEARBORN, IL1-0308 CHICAGO, IL 60602 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUTHORIZED SIGNER DROZEK, FRANK J 10 SOUTH DEARBORN IL1-0308 CHICAGO IL 60603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, ROBERT A JR. 10 SOUTH DEARBORN, IL1-0502 CHICAGO, IL 60603 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 SOUTH DEARBORN IL1-0573	
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			Date		312-407-8060 Daytime Phone #