


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90164 047 ***150.00

DOCUMENT # P28372 1. Entity Name BOX LEASING CORPORATION					
Principal Place of Business 100 EAST BROAD ST. COLUMBUS, OH 43271			Mailing Address 1 BANK ONE PLAZA IL1-0308 CHICAGO, IL 60670 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10 SOUTH DEARBORN IL160308 Suite, Apt. #, etc.			
City & State		City & State CHICAGO IL		4. FEI Number 31-1291606	
Zip 60603	Country	Zip 60603	Country	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 DC T <input type="checkbox"/> Delete NAME SAMENUK, JOHN STREET ADDRESS 900 STEWART AVE, NY2-S601 CITY-ST-ZIP GARDEN CITY, NY 11530			TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input checked="" type="checkbox"/> Delete NAME FINNERAN, TIMOTHY J STREET ADDRESS 100 E BROAD ST OH1-0252 CITY-ST-ZIP COLUMBUS, OH 43215			TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SCIMONE, JOSEPH N STREET ADDRESS 900 STEWART AVENUE NY2-S601 CITY-ST-ZIP GARDEN CITY NY 11530		
TITLE S <input checked="" type="checkbox"/> Delete NAME ANDREWS, CHARLES F STREET ADDRESS 1111 POLARIS PKWY OH1-0152 CITY-ST-ZIP COLUMBUS, OH 43240			TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME LEVINE, JEFFREY H STREET ADDRESS 900 STEWART AVENUE NY2-S604 CITY-ST-ZIP GARDEN CITY NY 11530		
TITLE AT <input checked="" type="checkbox"/> Delete NAME MOHR, CHRISTOPHER J STREET ADDRESS 100 EAST BROAD STREET OH1-0252 CITY-ST-ZIP COLUMBUS, OH 43215			TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DE JORAS, GERARDO A STREET ADDRESS 900 STEWART AVENUE NY2-S601 CITY-ST-ZIP GARDEN CITY NY 11530		
TITLE AT <input checked="" type="checkbox"/> Delete NAME STIEGEL, JAMES S STREET ADDRESS ON NORTH DEARBORN ST IL1-0308 CITY-ST-ZIP CHICAGO, IL 60602			TITLE AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DROZEK, FRANK J STREET ADDRESS 10 SOUTH DEARBORN IL1-0308 CITY-ST-ZIP CHICAGO IL 60603		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JENSEN, WILLIAM C STREET ADDRESS 201 NORTH CENTRAL AVENUE AZ1-1208 CITY-ST-ZIP PHOENIX AZ 85004		
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				Date 312-407-8060 Daytime Phone #	