

2005 FOR PROFIT CORPORATION ANNUAL REPORT


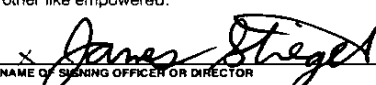
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May 02, 2005 8:00 am
Secretary of State

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04142005 Chg-P CR2E034 (10/03)

DOCUMENT # P30301					
1. Entity Name BANC ONE ACCEPTANCE CORPORATION					
Principal Place of Business 1600 EAST NORTHERN PHOENIX, AZ 85020 US			Mailing Address 1 BANK ONE PLAZA IL1-0308 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 31-1093544	
				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)</small> DATE _____					
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FURASH, AMY R		NAME		
STREET ADDRESS	1111 POLARIS PKWY OH1-1009		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43240		CITY-ST-ZIP		
TITLE	AT AUTHORIZED SIGNER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STIEGEL, JAMES S		NAME		
STREET ADDRESS	ONE NORTH DEARBORN ST. IL1-0308		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60602		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, CHARLES F		NAME		
STREET ADDRESS	1111 POLARIS PKWY OH1-0152		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43240		CITY-ST-ZIP		
TITLE	SWPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENSEN, WILLIAM C		NAME		
STREET ADDRESS	16001 N. 28TH AVE., AZ1-2302 change address		STREET ADDRESS	201 NORTH CENTRAL AVENUE AZ1-1208	
CITY-ST-ZIP	PHOENIX, AZ 85053		CITY-ST-ZIP	PHOENIX AZ 85004	
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMENUK, JOHN		NAME		
STREET ADDRESS	201 N. CENTRAL AVE AZ1-2551 change address		STREET ADDRESS	900 Stewart Avenue NY2-S601	
CITY-ST-ZIP	PHOENIX, AZ 85004		CITY-ST-ZIP	Garden City NY 11530	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DURKIN, JOHN R		NAME		
STREET ADDRESS	1111 POLARIS PKWY OH1-1085		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43240		CITY-ST-ZIP		
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				4/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		312-336-7727 Daytime Phone #	