


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90164 041 \*\*\*150.00

<b>DOCUMENT # P30301</b> 1. Entity Name <b>BANC ONE ACCEPTANCE CORPORATION</b>					
Principal Place of Business <b>1600 EAST NORTHERN PHOENIX, AZ 85020 US</b>			Mailing Address <b>1 BANK ONE PLAZA IL1-0308 CHICAGO, IL 60670 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>10m South Dearborn IL1-0308 Suite, Apt. #, etc. IL1-0308</b>			
City & State		City & State <b>Chicago IL</b>		4. FEI Number <b>31-1093544</b>	
Zip <b>60603</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FURASH, AMY R</b> <input checked="" type="checkbox"/> Delete <b>1111 POLARIS PKWY OH1-1009</b> <b>COLUMBUS, OH 43240</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Scimone, Joseph N.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>201 North Central Avenue NY2-S610</b> <b>Garden City NY 11530</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <b>STIEGEL, JAMES S</b> <input checked="" type="checkbox"/> Delete <b>ONE NORTH DEARBORN ST. IL1-0308</b> <b>CHICAGO, IL 60602</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <b>Drozek, Frank JJ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>10 South Dearborn IL1-0308</b> <b>Chicago IL 60603</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ANDREWS, CHARLES F</b> <input checked="" type="checkbox"/> Delete <b>1111 POLARIS PKWY OH1-0152</b> <b>COLUMBUS, OH 43240</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Levine, Jeffrey H.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>900 Stewart Avenue NY2-S604</b> <b>Garden City NY 11530</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD <b>JENSEN, WILLIAM C</b> <input type="checkbox"/> Delete <b>201 N CENTRAL AVE AZI-1208</b> <b>PHOENIX, AZ 85004</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>T SAMENUK, JOHN</b> <input type="checkbox"/> Delete <b>900 STEWART AVE NY2-S601</b> <b>GARDEN CITY, NY 11530</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>DURKIN, JOHN R</b> <input checked="" type="checkbox"/> Delete <b>1111 POLARIS PKWY OH1-1085</b> <b>COLUMBUS, OH 43240</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DE Rojas, Gerardo A</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>900 Stewart Avenue NY2-S601</b> <b>Garden City NY 11530</b>	
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.					
<b>SIGNATURE:</b> <u>Frank J. Drozek</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>                    </u> Daytime Phone # <u>312-407-8060</u>		

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