


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90414 031 \*\*\*150.00

<b>DOCUMENT # P34615</b> 1. Entity Name FNBC LEASING CORPORATION	
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Principal Place of Business 1 BANK ONE PLAZA, 11TH FL IL1-0286 CHICAGO, IL 60670-0286	Mailing Address 1 BANK ONE PLAZA, IL1-0308 CHICAGO, IL 60670-0286 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04142005 Chg-P CR2E034 (10/03)

4. FEI Number 36-3643427	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGATANI, JEAN F. 55 WEST MONROE change address CHICAGO, IL 60670 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 SOUTH DEARBORN IL1-0502 CHICAGO IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARGULA, PAUL A. 55 WEST MONROE change address CHICAGO, IL 60670 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 SOUTH DEARBORN IL1-0502 CHICAGO IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, ROBERT A JR. 1 BANK ONE PLAZA change address CHICAGO, IL 60670 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 SOUTH DEARBORN IL1-0502 CHICAGO IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HERNANDEZ, JANETT Z 1 BANK ONE PLAZA CHICAGO, IL 60670 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T TIMOTHY J. FINNERAN 100 EAST BROAD STREET OH1-0252 COLUMBUS OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KUSACK, WILLIAM P JR. 55 WEST MONROE change address CHICAGO, IL 60670 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 SOUTH DEARBORN IL1-0502 CHICAGO IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WULF, CLARK J ONE NORTH DEARBORN ST. CHICAGO, IL 60602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AUTHORIZED SIGNER JAMES S. STIEGEL ONE NORTH DEARBORN IL1-0308 CHICAGO IL 60602

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 *James S. Stiegel* x 4/21/05 312-336-7727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davitine Phone #