



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90164 045 ***150.00

DOCUMENT # P34615 1. Entity Name FNBC LEASING CORPORATION					
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	
2. Principal Place of Business 10 SOUTH DEARBORN Suite, Apt. #, etc. IL1-0041 City & State CHICAGO IL Zip 60603		3. Mailing Address 10 SOUTH DEARBORN Suite, Apt. #, etc. IL1-0308 City & State CHICAGO IL Zip 60603			
4. FEI Number 36-3643427				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04212006 Chg-P CR2E034 (11/05)	
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	D NAGATANI, JEAN F. 10 SOUTH DEARBORN, IL1-0502 CHICAGO, IL 60603		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARGULA, PAUL A. 10 SOUTH DEARBORN, IL1-0502 CHICAGO, IL 60603		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, ROBERT A JR. 10 SOUTH DEARBORN, IL1-0502 CHICAGO, IL 60603		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 SOUTH DEARBORN IL1-0573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINNERMAN, TIMOTHY J 100 E BROAD ST, OH1-0252 COLUMBUS, OH 43215		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KUSACK, WILLIAM P JR. 10 SOUTH DEARBORN, IL1-0502 CHICAGO, IL 60603		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STIEGEL, JAMES S ONE NORTH DEARBORN IL1-0308 CHICAGO, IL 60602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUTHORIZED SIGNER DROZEK, FRANK J 10 SOUTH DEARBORN IL1-0308 CHICAGO IL 60603	
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 #		