


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90128 010 \*\*\*150.00

<b>DOCUMENT # P37097</b> 1. Entity Name <b>BANC ONE LEASING CORPORATION</b>					
Principal Place of Business <b>1111 POLARIS PARKWAY COLUMBUS, OH 43240 US</b>			Mailing Address <b>1 BANK ONE PLAZA ILI- 0308 CHICAGO, IL 60670 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>31-0903739</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent					
<b>C T CORPORATION SYSTEM 1200 SOUTH 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 <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SANFORD, STEPEN</b> <b>1111 POLARIS PKWY</b> <b>COLUMBUS, OH</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/C</b> <b>John E. Goldthorpe</b> <b>1 Bank One Plaza ILI-0429</b> <b>Chicago IL 60670</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>ALAN, PARKINSON</b> <b>1111 POLARIS PARKWAY STE A3</b> <b>COLUMBUS, OH 43240</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V</b> <b>Alan N. Parkinson</b> <b>1111 Polaris Parkway OH1-1085</b> <b>Columbus OH 43240</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRKINSON, ALAN N</b> <b>611 WOODWARD AVE MI-8075</b> <b>COLUMBUS, OH 43240</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/V</b> <b>Frederic H. Sanders</b> <b>1111 Polaris Parkway OH1-1085</b> <b>Columbus OH 43240</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>KALGREEN, ANDREW J</b> <b>1111 POLARIS PKWY</b> <b>COLUMBUS, OH</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/V</b> <b>Andrew J. Kalgreen</b> <b>1111 Polaris Parkway OH1-0152</b> <b>Columbus OH 43240</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANDRA, FRYER</b> <b>1111 POLARIS PKWY</b> <b>COLUMBUS, OH 43240</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>Robert J. Gainer</b> <b>One North Dearborn St ILI-0308</b> <b>Chicago IL 60602</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WADE, RICHARD R</b> <b>611 WOODWARD AVE MI 8000</b> <b>DETROIT, MI 44226</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>James S. Stiegel</b> <b>One North Dearborn St ILI-0308</b> <b>Chicago IL 60602</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE: James S. Stiegel</b> <i>James Stiegel</i> <b>4-5-04</b> <b>312-336-7727</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					