



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R4/3-87)

Approved by State Board of Accounts 1987

INDIANA SECRETARY OF STATE
CORPORATIONS DIVISION
302nd W. WASHINGTON ST., RM. E018
INDIANAPOLIS, IN 46204

(317) 232-6576

94004953

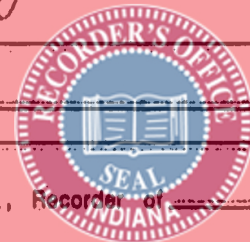
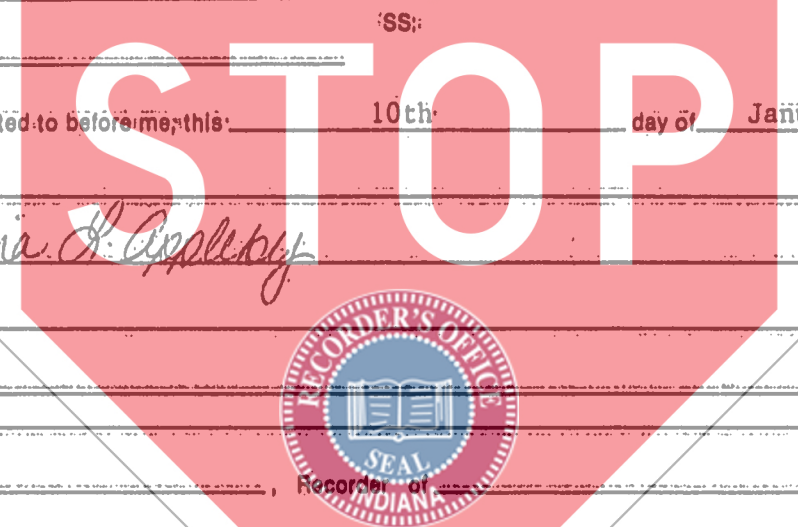
INSTRUCTIONS: (CORPORATIONS ONLY)

This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State: Indiana Code 23-15-1-1.

Fee for filing with the Secretary of State: \$30.00 or \$45.00, if a certificate issued by the Secretary of State is desired.

1. Name of Corporation Banc One Financial Services, Inc.	2. Date of Incorporation / Admission 12-30-71
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code) 1614 N. Baldwin Avenue, Marion, Indiana 46952	
4. Assumed Business Name(s) FINANCE ONE CORPORATION	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code) 2028 West 81st Avenue, Merrillville, Indiana 46410	
6. Signature <i>[Signature]</i>	Name Printed Harry G. Seymour, Senior Vice President

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STATE OF INDIANA
JAN 21 5 05 AM '94
RECORDER

STATE OF Indiana

COUNTY OF Lake

Subscribed and sworn or attested to before me this 10th day of January, 1994.

Notary Public
Tina L. Appleby *[Signature]*

My Notarial Commission Expires: 9-5-95

My County of Residence is: Grant

I, _____, Recorder of _____ County, State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the _____ day of _____, 19____.

Recorder Signature

This instrument was prepared by *[Signature]*

[Handwritten mark]