SEC Form 5

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FORM 5

)	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL

OMB Number: 3235-0362 Estimated average burden response: 1.0

401(k) Plan

Form 3	Holdings Rep	orted.			0		RSHIP				hc	ours per r	esponse:	1.
Form 4	Transactions	Reported.	File				e Securities Exch ment Company A							
DEARI (Last)	DORFF F	,	Middle)		AND F	INAI	Trading Symbol NCIAL COF		KFN] ⁽	X Offi belo	plicable) ctor cer (give ti	itle	10% Oth belo	6 Owner er (specify ow)
(Street) WARSA (City)	W IN (S	-			jinal Filed (Month/			ine) X For For Per	m filed by m filed by son	One Rep	porting P			
1. Title of Security (Instr. 3) 2. Transac Date					3. Transaction Code (Instr.			ed, Disposed of, or Benefi 4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)						
1. Title of Se	ecurity (Instr. 3		2. Transaction	Ative Securities 2A. Deemed Execution Date if any (Month/Day/Yea	e, Trans Code	action	4. Securities Acq	, uired (A)		Of 5. Amo Securi Benefi Owned	unt of ies cially at end of	Form (D) or		7. Nature of Indirect Beneficial Ownership
1. Title of Se	ecurity (Instr. :		2. Transaction Date	2A. Deemed Execution Date if any	e, Trans Code	action	4. Securities Acq	, uired (A)		Of 5. Amo Securi Benefi Owneo Issuer	unt of ies cially	Owne Form (D) or Indire	: Direct ect (I)	Indirect Beneficial
1. Title of Se Common			2. Transaction Date	2A. Deemed Execution Date if any	e, 3. Trans Code ar) 8)	action	4. Securities Acq (D) (Instr. 3, 4 and	uired (A) 1 5) (A) or	or Disposed	Of 5. Amo Securi Benefi Owneo Issuer Year (I 4)	unt of ies cially at end of s Fiscal	Owne Form (D) or Indire	: Direct ect (I)	Indirect Beneficial Ownership
		3)	2. Transaction Date (Month/Day/Year) 12/31/2004 able II - Deriva	2A. Deemed Execution Date if any (Month/Day/Yea	e, 3. Trans Code 8) J ties Acq	(Instr.	4. Securities Acq (D) (Instr. 3, 4 and Amount 681.7	uired (A) d 5) (A) or (D) A of, or B	or Disposed Price \$34,174 Seneficial	Of 5. Amc Securi Benefi Ownec Issuer' Year (I 4) 4 3	unt of cies cially at end of s Fiscal nstr. 3 and ,015	Owne Form (D) or Indire	: Direct ect (I) . 4)	Indirect Beneficial Ownership (Instr. 4)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Options (Right to buy)	\$13.5						06/13/2005	06/13/2010	Common Stock	4,000		4,000	D	
Stock Options (Right to buy)	\$13.625						01/09/2006	01/09/2011	Common Stock	5,000		5,000	D	
Stock Options (Right to buy)	\$14.125						05/09/2005	05/09/2010	Common Stock	1,000		1,000	D	
Stock Options (Right to buy)	\$15.125						02/08/2005	02/08/2010	Common Stock	4,000		4,000	D	
Stock Options (Right to buy)	\$19.4375						02/09/2004	02/09/2009	Common Stock	4,000		4,000	D	
Stock Options (Right to buy)	\$ 24.375						04/14/2003	04/12/2008	Common Stock	4,000		4,000	D	
Stock Options (Right to buy)	\$34.37						12/09/2008	12/09/2013	Common Stock	5,000		5,000	D	

Explanation of Responses:

1. Salary redirection to 401(k) plan during 2004.

Teresa A. Bartman, Attorneyin-Fact

02/11/2005

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.