

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 13 AM 9:24

DOCUMENT # **857381**

1. Corporation Name

Orangeland Vistas, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001429675
-03/15/95--01024--004
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business c/o Ann M. Schneider 2 N. Riverside Plaza Chicago, IL 60606		Mailing Address c/o Ann M. Schneider 2 N. Riverside Plaza Chicago, IL 60606		3. Date Incorporated or Qualified 8/10/83	3a. Date of Last Report
21. Principal Place of Business	2a. Mailing Address	4. FEI Number 36-3250287	Applied For Not Applicable		
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23. City & State	2c. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Zip	2d. Country	8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
The Prentice-Hall Corporation System, Inc. 1201 Hays Street, Suite 105 Tallahassee, FL 32301				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director/President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheli Z. Rosenberg	1.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	1.3 STREET ADDRESS	
CITY - ST - ZIP	Chicago, IL 60606	1.4 CITY - ST - ZIP	
TITLE	Director/VP/Treasurer	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur A. Greenberg	2.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	2.3 STREET ADDRESS	
CITY - ST - ZIP	Chicago, IL 60606	2.4 CITY - ST - ZIP	
TITLE	Director/VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James M. Phipps	3.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	3.3 STREET ADDRESS	
CITY - ST - ZIP	Chicago, IL 60606	3.4 CITY - ST - ZIP	
TITLE	Vice President	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald J. Liebenritt	4.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	4.3 STREET ADDRESS	
CITY - ST - ZIP	Chicago, IL 60606	4.4 CITY - ST - ZIP	
TITLE	Secretary	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann M. Schneider	5.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	5.3 STREET ADDRESS	
CITY - ST - ZIP	Chicago, IL 60606	5.4 CITY - ST - ZIP	
TITLE	Asst. Secretary	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marlene C. Kosfeld	6.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	6.3 STREET ADDRESS	
CITY - ST - ZIP	Chicago, IL 60606	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Schneider, Secretary

3/8/95

312-466-3607

ASW 3-13-95