

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90016 002 ***150.00

DOCUMENT # 857381

1. Entity Name
ORANGELAND VISTAS, INC.

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 60606-2600
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2. Principal Place of Business c/o Jennifer Usher	3. Mailing Address c/o Jennifer Usher
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Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. Suite 800
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 36-3250287	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.
 \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE DVP NAME STONEBRAKER, KELLY STREET ADDRESS 2 N RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE VD NAME PHIPPS, JAMES M. STREET ADDRESS 2 NORTH RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE S NAME SCHNEIDER, ANN M. STREET ADDRESS 2 NORTH RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE TV NAME GREENBERG, ARTHUR A. STREET ADDRESS 2 NORTH RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO IL	<input type="checkbox"/> Delete
TITLE AS NAME KOSFELD, MARLENE C. STREET ADDRESS 2 NORTH RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE PD NAME LIEBENTRITT, DONALD J STREET ADDRESS 2 N. RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO IL	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DVP-T NAME Obuchowski, Susan STREET ADDRESS 2 N. Riverside Plaza CITY-ST-ZIP Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Pultorek, Judy STREET ADDRESS 2 N. Riverside Plaza CITY-ST-ZIP Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AVP-S NAME Usher, Jennifer STREET ADDRESS 2 N. Riverside Plaza CITY-ST-ZIP Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP NAME Greenberg, Arthur A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AVP NAME Schultz, Jenny STREET ADDRESS 2 N. Riverside Plaza CITY-ST-ZIP Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jennifer Usher* Jennifer Usher, Secretary 4/12/00 312/279-1436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)