

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90171 009 \*\*\*150.00



**DOCUMENT # 857381**  
 1. Entity Name  
**ORANGELAND VISTAS, INC.**

Principal Place of Business <b>% JENNIFER USHER          TWO NORTH RIVERSIDE PLAZA., STE 800          CHICAGO, IL 60606</b>	Mailing Address <b>% JENNIFER USHER          TWO NORTH RIVERSIDE PLAZA., STE 800          CHICAGO, IL 60606</b>
--	--



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

04062005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number <b>36-3250287</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**LEXIS DOCUMENT SERVICES INC.  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00.  
 After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENBERG, ARTHUR A	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA., #800	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	OBUCHOWSKI, SUSAN	
STREET ADDRESS	TWON NORTH RIVERSIDE PLAZA., #800	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PULTORAK, JUDY	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	SCHULTZ, GENEVIEVE	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA., #800	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	AVPS	<input type="checkbox"/> Delete
NAME	USHER, JENIFER	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA., #800	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Zoeller	
STREET ADDRESS	Two N. Riverside Plaza #600	
CITY-ST-ZIP	Chicago, Illinois 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Jennifer L. Usher Jennifer Usher, Asst. VP 04/21/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 912/279-1400 Phone #