2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001286

Name:

Address:

City-St-Zip:

FILED Apr 15, 2005 Secretary of State

Entity Nai	me: ORIX GA	RRISON, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
100 NORT CHICAGO		PLAZA, STE 1400				
Current M	lailing Addres	ss:	New Mailing Address:			
100 NORT CHICAGO		PLAZA, STE 1400				
FEI Number:	: 36-4214259	FEI Number Applied For()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1201 HAYS	CUMENT SER S STREET SSEE, FL 323	,				
	named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BROWN, DAVII	VERSIDE PLAZA, STE 1400	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	PLACK, JEFFR	VERSIDE PLAZA, STE 1400	Title: Name: Address: City-St-Zip:	STANKO, BAI	RIVERSIDE PLAZA, STE 1400	
Title: Name: Address: City-St-Zip:	NISHIO, HIROS	DE PLAZA STE 1400	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	HOVANEC, DO	VERSIDE PLAZA, STE 1400	Title: Name: Address: City-St-Zip:	CRONISTER,	RIVERSIDE PLAZA, STE 1400	
Title:	()) Delete	Title:	Т (() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MERZ, CARL

CHICAGO, IL 60606

100 N RIVERSIDE PLAZA, STE 1400

SIGNATURE: BARBARA A. STANKO SEC 04/15/2005