


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 857381</b> 1. Entity Name <b>ORANGELAND VISTAS, INC.</b>	
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<b>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
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03152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-3250287</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LEXIS DOCUMENT SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

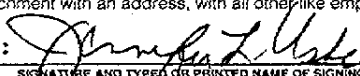
000000100029  
03/31/04-80028-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBERG, ARTHUR A TWO NORTH RIVERSIDE PLAZA., #800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD OBUCHOWSKI, SUSAN TWN NORTH RIVERSIDE PLAZA., #800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULTORAK, JUDY 2 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SCHULTZ, GENEVIEVE 2 NORTH RIVERSIDE PLAZA., #800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPS USHER, JENIFER 2 NORTH RIVERSIDE PLAZA., #800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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** By:  **Jennifer L. Usher, Secretary** 03/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #