


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # 857381</b><br>1. Entity Name<br><b>ORANGELAND VISTAS, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>% JENNIFER USHER<br/>TWO NORTH RIVERSIDE PLAZA., STE 800<br/>CHICAGO, IL 60606</b>  |  |   | Mailing Address<br><b>% JENNIFER USHER<br/>TWO NORTH RIVERSIDE PLAZA., STE 800<br/>CHICAGO, IL 60606</b> |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |  |  |
| City & State  |  | City & State  |  |  |  |
| Zip   | Country  | Zip   | Country  |  |  |
| 4. FEI Number<br><b>36-3250287</b>  |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   | <b>\$8.75</b> Additional Fee Required  |  |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent  |  |  |
| <b>LEXIS DOCUMENT SERVICES INC.<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00.<br/>After May 1, 2005 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD<br/>GREENBERG, ARTHUR A<br/>TWO NORTH RIVERSIDE PLAZA., #800<br/>CHICAGO, IL 60606</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VPTD<br/>OBUCHOWSKI, SUSAN<br/>TWO NORTH RIVERSIDE PLAZA., #800<br/>CHICAGO, IL 60606</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>PULTORAK, JUDY<br/>2 NORTH RIVERSIDE PLAZA<br/>CHICAGO, IL 60606</b> <input checked="" type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>John Zoeller<br/>Two N. Riverside Plaza #600<br/>Chicago, Illinois 60606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>AVP<br/>SCHULTZ, GENEVIEVE<br/>2 NORTH RIVERSIDE PLAZA., #800<br/>CHICAGO, IL 60606</b> <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>AVPS<br/>USHER, JENIFER<br/>2 NORTH RIVERSIDE PLAZA., #800<br/>CHICAGO, IL 60606</b> <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> By: <u>Jennifer L Usher</u> <b>Jennifer Usher, Asst. VP</b> <b>04/21/05</b><br>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date   |  |   |  |  |  |

912/279-1400 Phone #