

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90106 021 ***150.00

DOCUMENT # F95000001537

1. Corporation Name
ORIX MERRITT, INC.

Principal Place of Business
100 N. RIVERSIDE PLAZA
SUITE 1400
CHICAGO IL 60606

Mailing Address
100 N. RIVERSIDE PLAZA
SUITE 1400
CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/30/1995

4. FEI Number
36-3436545

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME TASHIRO, MASAOKI
STREET ADDRESS 100 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE VD ☐ DELETE

TITLE VD
NAME PURINTON, JAMES H
STREET ADDRESS 110 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL 60606

TITLE STD ☐ DELETE

TITLE STD
NAME PLACK, JEFFREY C
STREET ADDRESS 110 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL 60606

TITLE D ☐ DELETE

TITLE D
NAME KAWAI, NOBORU
STREET ADDRESS 110 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC ☒ Change ☐ Addition

1.2 NAME ISHIBASHI KENSUKE

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DP ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 100 N. Riverside PLAZA.

2.4 CITY-ST-ZIP

3.1 TITLE VSTD ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 100 N. Riverside PLAZA

3.4 CITY-ST-ZIP

4.1 TITLE VD ☒ Change ☐ Addition

4.2 NAME YOKOYAMA HIDEAKI
4.3 STREET ADDRESS 100 N Riverside

4.4 CITY-ST-ZIP

5.1 TITLE VASAT ☐ Change ☒ Addition

5.2 NAME HOVANEK, DONNA
5.3 STREET ADDRESS 100 N. Riverside Plaza Ste 1400
5.4 CITY-ST-ZIP CHICAGO IL 60606

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. G. PLACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-29-99 (312) 669-4050
Date Daytime Phone #

CR2E034 (11/98)

0528579