

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001681 (4)**

1. Corporation Name  
**ORIX PINELLAS, INC.**

FILED  
Aug 05 1998 8:00am  
Secretary of State



Principal Place of Business  
**100 NORTH RIVERSIDE PLAZA, STE 1400  
CHICAGO IL 60606**

Mailing Address  
**100 NORTH RIVERSIDE PLAZA, STE 1400  
CHICAGO IL 60606**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/06/1995</b>	
21		26		4. FEI Number <b>36-3990144</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	POD	<input type="checkbox"/> DELETE	1.1 TITLE	Chairman / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASAAKI, TASHIRO		1.2 NAME	(C/D)	
STREET ADDRESS	100 NORTH RIVERSIDE PLAZA, STE 1400		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP		
TITLE	VO	<input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURINTON, JAMES H		2.2 NAME	(PD)	
STREET ADDRESS	100 NORTH RIVERSIDE PLAZA, STE 1400		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLACK, JEFFREY C		3.2 NAME		
STREET ADDRESS	100 NORTH RIVERSIDE PLAZA, STE 1400		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	VICE Pres / Director (VO)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAWAI, NOBORU		4.2 NAME	YOKOYAMA, HIDEAKI	
STREET ADDRESS	100 NORTH RIVERSIDE PLAZA, STE 1400		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	VICE Pres (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	DONNA HOVANEC	
STREET ADDRESS			5.3 STREET ADDRESS	100 N. Riverside Plaza, Ste 1400	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE

*[Signature]* (SECRETARY)

7-23-98 (312) 619-1400

CR2E034 (5/98)