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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600005547 (2)

ORIX TAMPA, INC.

Principal Place of Business Mailing Address 100 N RIVERSIDE PLAZA #1400 100 N RIVERSIDE PLAZA #1400 CHICAGO IL 60806-1502 CHICAGO IL 60606 3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1996 2. Proncipal Place of Business 2a. Mailing Address 4. FEt Number Applied For 26 APPLIED FOR Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032. Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY RD R2 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32311 63 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 So your one appear or printed name of registured agent and tite if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DCP DELETE 1.1 TITLE Change Addition 7114.5 TASHIRO, MASAAKI NAM: 1.2 NAME 100 N RIVERSIDE PLAZA #1400 1.3 STREET ADDRESS STREET ADDRESS CHICAGO IL 60606 OTY ST 1.4 CITY-ST-ZIP DCV DELETE Change Addition THUE 2.1 TIFLE PURINTON, JAMES H NOM 2.2 NAME 100 N RIVERSIDE PLAZA #1400 STREET ADDRESS 2.3 STREET ADDRESS CHICAGO IL 60606 2. 4 CITY-ST-ZIP CHY+S1+ZIP ☐ DELETE Change Addition DST THE 3.1 TITLE PLACK, JEFFREY C NAM 3.2 NAME 100 N RIVERSIDE PLAZA #1400 3.3 STREET ADDRESS STREET ADDRESS CHICAGO IL 60606 C-TY-ST-ZiP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE THEF KAWAI, NOBORU NAME 4. 2 NAME 100 N RIVERSIDE PLAZA #1400 4.3 STREET ADDRESS STREET ADDRESS CHICAGO IL 60606 D-1Y - \$1 - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THUE 5.1 TITLE MCCULLOUGH, MICHAEL 1.4MF 5.2 NAME 100 N RIVERSIDE PLAZA #1400 STREET ADDRESS **5.3 STREET ADDRESS** CHICAGO IL 60606 5.4 CITY-ST-ZIP **COTY - ST- ZIP** DELETE Change Addition THEF 6.1 TITLE 900002185**9**69 MAM. 6.2 NAME -05/21/97--01003 STREET ADDRESS **6.3 STREET ADDRESS** \*\*\*165.00

6.4 CITY-ST-ZIP

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

14. I do 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

**SIGNATURE** 

appears in Block 12 or Block 13 if

CHY-SU-ZIP

SEFFREY C. PLACK 4/28/97

**FILED** 

May 09 1997 8:00am

Secretary of State