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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham. ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUN - 5 PM 3: 31 DOCUMENT # F96000005547 (2) SECRETARY OF STATE TALLAHASSEE. FLORIDA ORIX TAMPA, INC. Principal Place of Business Mailing Address 100 N RIVERSIDE PLAZA #1400 100 N RIVERSIDE PLAZA #1400 CHICAGO IL 80806 CHICAGO IL 60606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1996 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For APPLIED FOR 36-4110209 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution  $\Box$ Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intample 24 25 Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY RD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32311 83 84 City 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. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typied or printed name of a gistered agent and title if application (NOTE Registered Agent signature required when teinsleting) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 TITLE TITLE TASHIRO, MASAAKI NAME 1.2 NAME 100 N RIVERSIDE PLAZA #1400 STREET ADDRESS 1.3 STREET ADDRESS **OHICAGO IL 60606** CITY-ST-ZIP 1.4 CITY- \$7 - 7IP DELETE 200002552<del>7</del>22\_016 TITLE 21 TITLE PURINTON, JAMES H NAME 2.2 NAME 100 N RIVERSIDE PLAZA #1400 STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 CHICAGO IL 60608 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THEF PLACK, JEFFREY C NAME 3.2 NAME 100 N RIVERSIDE PLAZA #1400 STREET ADDRESS 3.3 STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP 3.4. CITY - ST - ZIP Addilion DELETE Change TITLE 4.1 TITLE KAWAI, NOBORU NAME 4. 2 NAME 100 N RIVERSIDE PLAZA #1400 STREET ADDRESS 4.3 STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE MCCULLOUGH, MICHAEL NAME 5.2 NAME 100 N RIVERSIDE PLAZA #1400 STREET ADDRESS 5.3 STREET ADDRESS CHICAGO IL 60606 CITY - ST - ZIP 5.4 CITY - ST - ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP

14. Thereby 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 in trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Ployt 13 of Ployt 13 is chapter 607.

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