

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90049 036 ***150.00

DOCUMENT # F96000005547
 1. Entity Name
ORIX TAMPA, INC.

Principal Place of Business Mailing Address
100 N. Riverside Plaza **100 N. Riverside Plaza**
Suite 1400 **Suite 1400**
Chicago, IL 60606 **Chicago, IL 60606**

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 Applied For
36-4110209 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

A0054965

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Lexis Document Services Inc.
3953 WW Kelley Road
Tallahassee, FL 32311

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

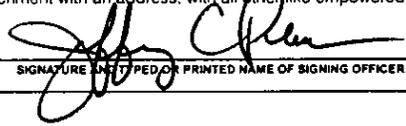
11. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	Ishibashi, Kensuke	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Purinton, James	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	EVDST	<input type="checkbox"/> Delete
NAME	Plack, Jeffrey C.	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	Michael McCullough	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Yokoyama, Hideaki	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	VAST	<input type="checkbox"/> Delete
NAME	Hovanec, Donna	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jeffrey C. Plack** 4-20-01 312/669-6400
SIGNATURE LINE TO BE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)