

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
100 N. Riverside Plaza
Suite 1400
Chicago, IL 60606

Mailing Address
100 N. Riverside Plaza
Suite 1400
Chicago, IL 60606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4110209

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0054965

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lexis Document Services Inc.
3953 WW Kelley Road
Tallahassee, FL 32311

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)