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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90036 045 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000001286

1. Corporation Name
ORIX GARRISON, INC.

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

3. Date Incorporated or Qualified

03/06/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

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

TITLE PCD ☐ DELETE
NAME TASHIRO, MASAOKI
STREET ADDRESS 100 NORTH RIVERSIDE PLAZA, STE 1400
CITY-ST-ZIP CHICAGO IL

TITLE VD ☐ DELETE
NAME PURINTON, JAMES H
STREET ADDRESS 100 NORTH RIVERSIDE PLAZA, STE 1400
CITY-ST-ZIP CHICAGO IL

TITLE STD ☐ DELETE
NAME PLACK, JEFFREY C
STREET ADDRESS 100 NORTH RIVERSIDE PLAZA, STE 1400
CITY-ST-ZIP CHICAGO IL

TITLE D ☐ DELETE
NAME KAWAI, NOBORU
STREET ADDRESS 100 NORTH RIVERSIDE PLAZA, STE 1400
CITY-ST-ZIP CHICAGO IL

TITLE VD ☐ DELETE
NAME MCCULLOUGH, MICHAEL
STREET ADDRESS 100 NORTH RIVERSIDE PLAZA, STE 1400
CITY-ST-ZIP CHICAGO IL

TITLE AS ☐ DELETE
NAME HOVANEC, DONNA
STREET ADDRESS 100 NORTH RIVERSIDE PLAZA, STE 1400
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC ☒ Change ☐ Addition
1.2 NAME ISHIBASHI, KENSUKE
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VSTD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE V ☒ Change ☐ Addition
4.2 NAME YOKOYAMA, HIDEAKI
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE EVO ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE VAS AT ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

JEFFREY C. PLACK 4-29-99 (312) 614-6450

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)