## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

F98000001286

1. Entity Name

ORIX GARRISON, INC.



Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90196 003 \*\*\*150.00

Principal Place of Business 100 NORTH RIVERSIDE PLAZA. STE 1400 CHICAGO IL 60606  2. Principal Place of Business			Mailing Address 100 NORTH RIVERSIDE PLAZA. STE 1400 CHICAGO IL 60606  3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Numbe	36-42142	59		oplied For ot Applicable	]
Zip	Zip Country		Zip	Zip Count			5. Certificate	of Status Desired	ı 🗆	\$8.75 Ad Fee Require		
	6, Name	and Address of Current I	Registered Agent				7. Name and	Address of New	Registere	d Agent		<u> </u>
					Name	T						-
LEXIS DOCUMENT SERVICES, INC.					2			oucment S		ons Inc.		1
3953 WW KELLEY ROAD				Street A	ddress (F <b>3953</b>	WW Kell	r is Not Acceptal	ble)				
1	SSEE FL 32						WELL	c) Road				1
IALLAHA	OOCE FL 32	311										
					City	To 11	ob seess		F	Zip Coo 3231	ie	1
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SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Registe	red Agent signat	ure required	when reinstating)		DATI	E		
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F After	ILE NOW!!! r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00		(NOTE: Registe	red Agent signat	ture required	9. Ele	ection Campaign	Financing	\$5.0	OO May Be	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like en powered.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP