

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

0528654

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90036 044 ***150.00

DOCUMENT # F98000003363

1. Corporation Name
ORIX OCALA I, INC.



Principal Place of Business
**100 NORTH RIVERSIDE PLAZA, SUITE 1400
CHICAGO IL 60606**

Mailing Address
**100 NORTH RIVERSIDE PLAZA, SUITE 1400
CHICAGO IL 60606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

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

8. 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	PCOO	<input type="checkbox"/> DELETE
NAME	PURINTON, JAMES H	
STREET ADDRESS	100 NORTH RIVERSIDE PLAZA, SUITE 1400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	YOKOYAMA, HIDEAKI	
STREET ADDRESS	100 NORTH RIVERSIDE PLAZA, SUITE 1400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	PLACK, JEFFREY C	
STREET ADDRESS	100 NORTH RIVERSIDE PLAZA, SUITE 1400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	TASHIRO, MASAOKI	
STREET ADDRESS	100 NORTH RIVERSIDE PLAZA, SUITE 1400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	MCCULLOUGH, MICHAEL	
STREET ADDRESS	100 NORTH RIVERSIDE PLAZA, SUITE 1400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	HOVANEC, DONNA	
STREET ADDRESS	100 NORTH RIVERSIDE PLAZA, SUITE 1400	
CITY-ST-ZIP	CHICAGO IL 60606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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) 669-6450
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)