


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

0528656

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

05-06-1999 90036 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000003873**

1. Corporation Name

**ORIX LAKE MARY, 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

**07/08/1998**

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

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**

9. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC  
3953 WW KELLEY RD  
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 **PD** ☐ DELETE  
NAME **PURINTON, JAMES H**  
STREET ADDRESS **100 NORTH RIVERSIDE PLAZ, STE 1400**  
CITY-ST-ZIP **CHICAGO IL**

TITLE **VD** ☐ DELETE  
NAME **YOKOYAMA, HIDEAKI**  
STREET ADDRESS **100 NORTH RIVERSIDE PLAZ, STE 1400**  
CITY-ST-ZIP **CHICAGO IL**

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

TITLE **V** ☒ DELETE  
NAME **TASHIRO, MASAOKI**  
STREET ADDRESS **100 NORTH RIVERSIDE PLAZ, STE 1400**  
CITY-ST-ZIP **CHICAGO IL**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-99**

Date

**(312) 649-6450**

Daytime Phone #

CR2E034 (11/98)