


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90060 009 \*\*\*150.00

**DOCUMENT # P17438**  
 1. Entity Name  
**ORIX FINANCIAL SERVICES, INC.**



Principal Place of Business  
**600 TOWNPARK LANE**  
**KENNESAW, GA 30144 US**


Mailing Address  
**600 TOWNPARK LANE**  
**KENNESAW, GA 30144 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country



01072005 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-2507476**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**UNITED CORPORATE SERVICES, INC.**  
**9200 SOUTH DADELAND BLVD.**  
**SUITE 508**  
**MIAMI, FL 33156-0000**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

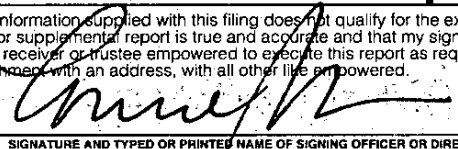
**10. OFFICERS AND DIRECTORS**

TITLE	VS	<input type="checkbox"/> Delete
NAME	MALLET, LOUISE S	
STREET ADDRESS	600 TOWNPARK LANE	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	CAO	<input type="checkbox"/> Delete
NAME	MERZ, CARL	
STREET ADDRESS	600 TOWN PARK LANE	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	P	<input type="checkbox"/> Delete
NAME	<del>CORR, GARY</del>	
STREET ADDRESS	600 TOWNPARK LANE	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIROSHIMA, NORIO	
STREET ADDRESS	600 TOWNPARK LANE	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUNDELL, EDWARD	
STREET ADDRESS	600 TOWNPARK LANE	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, JAMES R	
STREET ADDRESS	600 TOWNPARK LANE	
CITY-ST-ZIP	KENNESAW, GA 30144	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meller, LOUISE S.	
STREET ADDRESS	600 TOWNPARK LANE	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yoshihiko Miyajima	
STREET ADDRESS	600 TOWN PARK Lane, Suite 300	
CITY-ST-ZIP	KENNESAW, GA 30144-3734	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAKESHI SATO	
STREET ADDRESS	600 TOWNPARK Lane, Ste 300	
CITY-ST-ZIP	KENNESAW, GA 30144-3734	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YUKIO YANASE	
STREET ADDRESS	600 TOWN PARK Lane, Suite 300	
CITY-ST-ZIP	KENNESAW, GA 30144-3734	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID E. MUNDEL	
STREET ADDRESS	600 TOWN PARK, Suite 300	
CITY-ST-ZIP	KENNESAW, GA 30144-3734	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIROYUKI Sakai	
STREET ADDRESS	600 TOWN PARK Lane	
CITY-ST-ZIP	KENNESAW, GA 30144-3734	

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 empowered.

**SIGNATURE:**  **LOUISE S. MELLEN** **3/15/05 (770) 970-6382**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #