


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**


04-10-2006 90305 014 \*\*\*150.00

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



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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



01262006      Chg-P      CR2E034 (11/05)  
 4. FEI Number      Applied For  
**13-2507476**      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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MELLER, LOUISE S	
STREET ADDRESS	600 TOWNPARK LANE	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	CAO	<input checked="" 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	CORR, GARY	
STREET ADDRESS	600 TOWNPARK LANE	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	D	<input type="checkbox"/> Delete
NAME	YANASE, YUKIO	
STREET ADDRESS	600 TOWN PARK LANE STE 300	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNDEL, DAVID E	
STREET ADDRESS	600 TOWN PARK STE 300	
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	Secretary	Change	<input checked="" type="checkbox"/> Addition
NAME	Elizabeth Daane		
STREET ADDRESS	1717 Main Street, Ste 900		
CITY-ST-ZIP	Dallas, TX 75201		
TITLE	CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Miko Cousins		
STREET ADDRESS	1717 Main Street Ste 900		
CITY-ST-ZIP	Dallas, TX 75201		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_      **4/5/06**      **770 970 6262**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #