

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P26459

(8)

1. Corporation Name

ORIXGP INTRACOASTAL CORPORATION

Principal Place of Business

C/O ORIX USA CORP  
780 THIRD AVENUE  
NEW YORK NY 10017-7088

Mailing Address

C/O ORIX USA CORP  
780 THIRD AVENUE  
NEW YORK NY 10017-7088

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1989

4. FEI Number

13-3543246

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1177 Avenue of the Americas

Suite, Apt. #, etc.

22 10th Floor

City & State

23 New York, NY

Zip

24 10036

Country

2a. Mailing Address

26 1177 Avenue of the Americas

Suite, Apt. #, etc.

27 10th Floor

City & State

28 New York, NY

Zip

29 10036

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

*Barbara A. Burke*

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

8-11-98

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 SEKO, AKIRA  
STREET ADDRESS 780 THIRD AVENUE  
CITY-ST-ZIP NEW YORK NY 10017

TITLE V ☐ DELETE

NAME TASHIRO, MASAOKI  
STREET ADDRESS 100 NORTH RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

TITLE S ☐ DELETE

NAME YAMAMOTO, SHIGEO  
STREET ADDRESS 780 THIRD AVENUE  
CITY-ST-ZIP NEW YORK NY 10017

TITLE T ☐ DELETE

NAME KITAYAMA, HISAYUKI  
STREET ADDRESS 780 THIRD AVENUE  
CITY-ST-ZIP NEW YORK NY 10017

TITLE V ☐ DELETE

NAME YABU, NAOTO  
STREET ADDRESS 100 NORTH RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

TITLE V ☒ DELETE

NAME KAWAI, NOBORU  
STREET ADDRESS 100 NORTH RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

ONO, YOSHIO

1177 AVENUE OF THE AMERICAS  
NEW YORK NY 10036

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE OF OFFICER

8/7/98

(212)739-1600

CR2E034 (5/98)