

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P40068** (9)

1. Corporation Name

OREE MANAGEMENT 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**

3. Date Incorporated or Qualified
08/19/1992

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FET Number
36-3835200

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
SEKO, AKIRA
100 N. RIVERSIDE STE 1400
CHICAGO IL 60606**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VO
SCHRAMM, MICHAEL
100 N. RIVERSIDE PL, 1400
CHICAGO IL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
PLACK, JEFFREY C.
100 N. RIVERSIDE PL, 1400
CHICAGO IL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AST
GOLTERMANN, DONNA
100 N. RIVERSIDE PL, 1400
CHICAGO IL 60606**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
YABU, NAOTO
100 N. RIVERSIDE PLAZA STE. 1400
CHICAGO IL 60606**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AV
KAWAII, NOBORU
100 N. RIVERSIDE PLAZA STE. 1400
CHICAGO IL 60606**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (312) 669-6450
Date Daytime Phone #

CR2E034 (12/95)