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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P40068

OREE MANAGEMENT INC.

Principal Place of Business	Mailing Address
100 NORTH RIVERSIDE PLAZA. SUITE 1400	100 NORTH RIVERSIDE PLAZA, SUITE 1400
CHICAGO IL 60606	CHICAGO IL 60606

FILED May 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-3835200 Not Applicable Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 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 pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE TASHIRO, MASAAKI NAME 1.2 NAME 100 N. RIVERSIDE STE 1400 STREET ADDRESS 1.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 1.4 CITY-ST-ZIP VD DELETE TITLE 2.1 TITLE Change ___ Addition **SCHRAMM, MICHAEL** 2.2 NAME 100 N. RIVERSIDE PL,1400 STREET ADDRESS 2.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 2.4 CITY-ST-ZIP STD DFLETE TITLE ☐ Change Addition 3.1 TITLE PLACK, JEFFREY C. NAME 3.2 NAME 100 N. RIVERSIDE PL,1400 STREET ADDRESS 3.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE ☐ Change Addition **GOLTERMANN, DONNA** NAME 4.2 NAME 100 N. RIVERSIDE PL,1400 STREET ADDRESS 4.3 STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition YABU, NAOTO NAME 5.2 NAME 100 N. RIVERSIDE PLAZA STE. 1400 STREET ADDRESS 5.3 STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition KAWAII, NOBORU NAME 6.2 NAME 100 N. RIVERSIDE PLAZA STE. 1400 STREET ADDRESS 6.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 6.4 CITY - ST- ZIP

14. Thereby 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 residence 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 primar attachment with an address.