

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90049 025 ***150.00

DOCUMENT # P40068

1. Entity Name

OREE MANAGEMENT INC.

Principal Place of Business

Mailing Address

**100 North Riverside Plaza
 Suite 1400
 Chicago, IL 60606**

**100 North Riverside Plaza
 Suite 1400
 Chicago, IL 60606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3835200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**The Prentice-Hall Corporation System, Inc.
 110 North Magnolia Street
 Tallahassee, FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	Ishibashi, Kensuke	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Purinton, James	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	EVDST	<input type="checkbox"/> Delete
NAME	Plack, Jeffrey C.	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	VAST	<input type="checkbox"/> Delete
NAME	Hovanec, Donna	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Yokoyama, Hideaki	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SEVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael McCullough	
STREET ADDRESS	100 N. Riverside Plaza, Suite 1400	
CITY-ST-ZIP	Chicago, IL 60606	
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		
TITLE	VD	<input checked="" 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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffery C. Plack
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffery C. Plack

4-20-01

Date

312/669-6400

Daytime Phone #

CR2E034 (11/00)