

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-07-2003/90196 050 \*\*\*150.00  
P40068

DOCUMENT # P40068

1. Entity Name  
OREE MANAGEMENT INC.



FILED

03 APR 17 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
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  
LexisNexis Document Solutions Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
3953 WW Kelley Road  
City  
Tallahassee FL Zip Code  
32311

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVD MCCULLOUGH, MICHAEL 100 N RIVERSIDE PLAZA SUITE 1400 CHICAGO IL 60606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PURINTON, JAMES 100 N. RIVERSIDE PL, 1400 CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PLACK, JEFFREY C. 100 N. RIVERSIDE PL, 1400 CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST HOVANEC, DONNA 100 N. RIVERSIDE PL, 1400 CHICAGO IL 60606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIDEAKI, YOKOYAMA 100 N. RIVERSIDE PLAZA STE. 1400 CHICAGO IL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF JEFFREY C. PLACK Jeffrey C. Plack 4/4/03 312/669-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)