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FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000026863 (6)

1. Corporation Name  
ORH, INC.



Principal Place of Business

2295 CORPORATE BOULEVARD NW  
STE 222  
BOCA RATON FL 33431

Mailing Address

2295 CORPORATE BOULEVARD NW  
STE 222  
BOCA RATON FL 33431-7328

3. Date Incorporated or Qualified  
03/21/1996

3a. Date of Last Report

4. FEI Number

65-0654630

Applies  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Addl  
Fee Requir

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE HERRICK COMPANY, INC.  
2295 CORPORATE BOULEVARD NW  
STE 222  
BOCA RATON FL 33431

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME HERRICK, NORTON  
STREET ADDRESS 2295 CORPORATE BOULEVARD NW  
CITY-ST-ZIP BOCA RATON FL 33431

1.1 TITLE DPST ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE VAS ☐ Change ☒ Addition  
2.2 NAME HOWARD HERRICK  
2.3 STREET ADDRESS 20 COMMUNITY PLACE 3RD FLOOR  
2.4 CITY-ST-ZIP MORRISTOWN NJ 07960

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE VAS ☐ Change ☒ Addition  
3.2 NAME MICHAEL HERRICK  
3.3 STREET ADDRESS 2295 CORPORATE BLVD NW SUITE 222  
3.4 CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)