

Form **BCA-12.45/**
13.60

APPLICATION FOR REINSTATEMENT
of
DOMESTIC OR FOREIGN CORPORATIONS



0020726675

File # 74165A00

(Rev. Jan. 1999)

Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
http://www.sos.state.il.us

This space for use by Secretary of State

FILED

JUN 25 2002

JESSE WHITE
SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by
Secretary of State

Date 6-25-02

Filing Fee \$ 100.00

Approved: Je

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1. (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation:
ORIX USA Corporation
- (b) Corporate name as changed: _____ (Note 1)
- (c) If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name: _____ (Note 2)

2. State of incorporation: Delaware

3. Date that the certificate of dissolution or revocation was issued: April 1, 2002

4. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note 3) NOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on back of this form.

| | | | |
|-------------------|---|--------------------|---|
| Registered Agent | <u>Keith</u> | <u>M.</u> | <u>Cyzen</u> |
| | <i>First Name</i> | <i>Middle Name</i> | <i>Last Name</i> |
| Registered Office | <u>111 West Monroe Street, Suite 1600</u> | | |
| | <i>Number</i> | <i>Street</i> | <i>Suite # (A P.O. Box address is not acceptable)</i> |
| | <u>Chicago</u> | <u>60603</u> | <u>Cook</u> |
| | <i>City</i> | <i>ZIP Code</i> | <i>County</i> |

5. This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required.

6. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK.**)

Dated June 7, 2002 ORIX USA Corporation
(Month & Day) (Year) (Exact Name of Corporation)

attested by *Duane Morikawa* by *Todd Steiner*
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)

Duane Morikawa Todd Steiner, Vice President
(Type or Print Name and Title) (Type or Print Name and Title)
Assistant Secretary

LexisNexis Document Solutions
135 South LaSalle Street
Suite 2260
Chicago, IL 60603