State of New Hampshire
2014 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/13/2014
Business ID: 665561
William M. Gardner
Secretary of State

ORION UNH, LLC

225 FRANKLIN STREET 26FL
BOSTON, MA 02110

ENTITY TYPE: LLC
BUSINESS ID: 665561
STATE OF DOMICILE: DELAWARE

AN ASSET HOLDING COMPANY.

1

ADDRESS OF PRINCIPAL OFFICE:
225 FRANKLIN STREET 26FL
BOSTON, MA 02110

REGISTERED AGENT AND OFFICE:
NATIONAL CORPORATE RESEARCH, LTD.
63 PLEASANT STREET
CONCORD, NH 03301

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

[X] The new mailing address **8230 BOONE BLVD, SUITE 340, VIENNA, VA 22182**

[X] The new principal office address **8230 BOONE BLVD, SUITE 340, VIENNA, VA 22182**

PO Box is acceptable.

3

MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Orion UNH Student Housing LLC**
STREET **225 Franklin Street 26th Floor**
CITY/STATE/ZIP **Boston Ma 02110**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **TIMOTHY B WILLS**

Please print name and title of signer: **TIMOTHY B WILLS** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

066556120141007

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301