

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90038 050 ***150.00

0608401

DOCUMENT # F00000001961

1. Entity Name
NANBEI US INC.

Principal Place of Business C/O RICHARD REID // DOW JONES & COMPANY 4300 NORTH ROUTE 1 SOUTH BRUNSWICK NJ 08852	Mailing Address C/O RICHARD REID // DOW JONES & COMPANY 4300 NORTH ROUTE 1 SOUTH BRUNSWICK NJ 08852
---	---

621651



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 13-5034940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME P SELMAN, ELIAS	<input type="checkbox"/> Delete
STREET ADDRESS AV. APOQUINDO #4499, PISO 10, LAS CONDES	
CITY-ST-ZIP SANTIAGO, CHILE	
TITLE NAME VD KINSELLA, LAWRENCE K	<input type="checkbox"/> Delete
STREET ADDRESS 4300 NORTH ROUTE 1	
CITY-ST-ZIP SOUTH BRUNSWICK NJ 08852	
TITLE NAME S REID, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS 4300 NORTH ROUTE 1	
CITY-ST-ZIP SOUTH BRUNSWICK NJ 08852	
TITLE NAME T MCGUIRL, THOMAS W	<input type="checkbox"/> Delete
STREET ADDRESS 4300 NORTH ROUTE 1	
CITY-ST-ZIP SOUTH BRUNSWICK NJ 08852	
TITLE NAME D HOUSE, KAREN ELLIOTT	<input type="checkbox"/> Delete
STREET ADDRESS 4300 NORTH ROUTE 1	
CITY-ST-ZIP SOUTH BRUNSWICK NJ 08852	
TITLE NAME D WALSH, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS 200 LIBERTY STREET	
CITY-ST-ZIP NEW YORK NY 10281	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 609.520.4099
 Date Daytime Phone #

CR2E034 (10/00)