

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P36564

1. Entity Name
KAJIMA CONSTRUCTION SERVICES, INC.



Principal Place of Business
395 W PASSAIC STREET
3RD FLOOR
ROCHELLE PARK, NJ 07662

Mailing Address
395 W PASSAIC STREET
3RD FLOOR
ROCHELLE PARK, NJ 07662



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3130509

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000184715

01/20/05 00041 005 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOSHINO, H
STREET ADDRESS	395 W PASSAIC STREET
CITY-ST-ZIP	ROCHELLE PARK, NJ 07662
TITLE	PCEO
NAME	HARA, KENJI
STREET ADDRESS	395 W PASSAIC STREET
CITY-ST-ZIP	ROCHELLE PARK, NJ 07662
TITLE	EVPS
NAME	NIGRO, RICHARD
STREET ADDRESS	395 W PASSAIC STREET
CITY-ST-ZIP	ROCHELLE PARK, NJ 07662
TITLE	CD
NAME	SUOMI, M
STREET ADDRESS	395 W PASSAIC STREET
CITY-ST-ZIP	ROCHELLE PARK, NJ 07662
TITLE	TAS
NAME	NORIHAMA, KATSUSHI
STREET ADDRESS	395 W PASSAIC STREET
CITY-ST-ZIP	ROCHELLE PARK, NJ 07662
TITLE	EVPC
NAME	MCGRATH, JOE
STREET ADDRESS	395 W. PASSAIC ST.
CITY-ST-ZIP	ROCHELLE PARK, NJ 07662

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katsushi Norihama Treasurer

1/6/05

201-518-

Date

Daytime Phone #

210C