


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90204 026 \*\*\*150.00

<b>DOCUMENT # P36564</b> 1. Entity Name <b>KAJIMA CONSTRUCTION SERVICES, INC.</b>	
---	---

Principal Place of Business <b>3500 PIEDMONT RD STE 700 ATLANTA GA 30305</b>	Mailing Address <b>3500 PIEDMONT RD STE 700 3RD FLOOR ATLANTA GA 30305</b>
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
--	--	---	--

4. FEI Number <b>22-3130509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HOSHINO, H</b> <b>395 W PASSAIC STREET</b> <b>ROCHELLE PARK NJ 07662</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Keisuke Koshijima</b> <b>395 W. Passaic Street</b> <b>Rochelle Park, NJ 07662</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCEO</b> <b>HARA, KENJI</b> <b>395 W PASSAIC STREET</b> <b>ROCHELLE PARK NJ 07662</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>EVPS</b> <b>NIGRO, RICHARD</b> <b>3500 PIEDMONT RD STE 700</b> <b>ATLANTA GA 30305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD</b> <b>SUOMI, M</b> <b>395 W PASSAIC STREET</b> <b>ROCHELLE PARK NJ 07662</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TAS</b> <b>NORIHAMA, KATSUSHI</b> <b>3500 PIEDMONT RD STE 700</b> <b>ATLANTA GA 30305</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T; AS</b> <b>Takeshi Sasaki</b> <b>3500 Piedmont Rd., Suite 700</b> <b>Atlanta, GA 30305</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>EVPC</b> <b>MCGRATH, JOE</b> <b>395 W. PASSAIC ST.</b> <b>ROCHELLE PARK NJ 07662</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Controller; AS</b> <b>Walter Antonenko</b> <b>3500 Piedmont Rd., Suite 700</b> <b>Atlanta, GA 30305</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Takeshi Sasaki Takeshi Sasaki, Treasurer 4/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #