**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90044 019 \*\*\*150.00

- I BULLOGE CON COLUMN CONTRA DICTOR DICTOR DI DI DICTOR DI DICTOR DI DICTOR DI DICTOR DI DICTOR DI DICTOR DI



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P36564

KAJIMA CONSTRUCTION SERVICES, INC.

Dringing I D gar	o of Business	Mailing Address					
Principal P ace of Business Mailing Address  ATTN: LEGAL DEPARTMENT ATTN: LEGAL DEPARTMENT							
900 SYLVAN AV		900 SYLVAN AVENUE					
	CLIFFS NJ 07632	ENGLEWOOD CLIFFS NJ 07632		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					12/09/1991		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For t Applicable
21	<del></del> ————————————————————————————————	26			22-3 130509	\$8.75	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
City 8 Stat		City & State			6. Election Campaign Financing	\$5.00	May Bo
City & Stat	e	28			Trust Fund Contribution	Added i	•
<b>23</b>	Country	<u>  Zip</u>	Country		This corporation owes the current year	Intangible	
24	25	— · -	30		Personal Property Tax.	ŬYes	∃No
	9. Name and Adcress of Curre				10. Name and Address of New Register	d Agent	
		<u></u>	81	Name			
CT CORPORATION SYSTEM				Street A	Idress (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD				Juest At	Idicas (1.0. Bo) (talliber in the theory		
PLANTATION FL 33324							
			84	City		85 Zip	Code
			04	City	F	FL	5555
agent. i a	m familiar with, and accept the oblig				uired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	С	☐ DELETE	1,1 TITLE			X Change	Addition
NAME	HOSHINO, H		1.2 NAME				
STREET ADDRESS	900 SYLVÁN AVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ		1.4 CITY-ST	r-ZIP			
TITLE	COC	X DELETE	2.1 TITLE		P/CEO/D	Change	Addition
NAME	HIDEO, SHIMOYAMA	22 N			MASATO KASHIWAKURA		
STREET ADDRESS	900 SYLVAN AVE.		2.3 STREET	ADDRESS	900 SYLVAN AVENUE		
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ		2.4 CITY-S	T-ZIP	ENGLEWOOD CLIFFS NJ 07632	_ <u></u>	
TITLE	ECS	☐ DELETE	3.1 TITLE		cco/s	X Change	Addition
NAME	NIGRO, RICHARD		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ		3.4. CITY-S		<del></del>		(T) 4 d d d d d
TITLE	CEO	☐ DELETE	41 TITLE		C <sup>-</sup>	(X) Change	☐ Addition
NAME	SUOMI, M		4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ		4.4 CITY-S		77 /m / 4 G	- Channe	(V) Addition
TITLE	ATAS	₩ DELETE	5.1 TITLE		V/T/AS	☐ Change	X Addition
NAME	PAPEY, MICHAEL		5.2 NAME		JOHN R. KOVACS		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

900 SYLVAN AVE

CF0

**ENGLEWOOD CLIFFS NJ** 

**ENGLEWOOD CLIFFS NJ** 

SUGASAWA, KIYOSHI

900 SYLVAN AVE.

JOH TYPED OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR

DELETE

JOHN R. KOVACS

CFO/D

V/T/AS

900 SYLVAN AVENUE

ENGLEWOOD CLIFFS, NJ

4/21/99

07632

568-1800

☐ Addition

X Change