

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P36615 (3)**

1. Corporation Name
KAJIMA ASSOCIATES, INC.



Principal Place of Business Mailing Address
ATTN: LEGAL DEPT. 900 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632

3. Date Incorporated or Qualified **12/11/1991** 3a. Date of Last Report **08/14/1995**
4. FEI Number **22-3130508** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 24. Country 28. Zip 29. Country
25. 30.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and office location. (Print) Registered Agent Signature Required (Date of Filing)

12. OFFICERS AND DIRECTORS

TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	PAPEY, MICHAEL A	
STREET ADDRESS	900 SYLVAN AVE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAWAI, TAKASHI	
STREET ADDRESS	900 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	YAMADA, SHIGEO	
STREET ADDRESS	901 CORPORATE CEN. DR.	
CITY-ST-ZIP	MONTEREY PARK CA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FUKUYAMA, MASAFUMI	
STREET ADDRESS	900 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NIGRO, RICHARD	
STREET ADDRESS	900 SYLVAN AVE	
CITY-ST-ZIP	ENGELWOOD CLIFFS NJ	
TITLE	DPA	<input type="checkbox"/> DELETE
NAME	KAWAMURA, GEORGE	
STREET ADDRESS	900 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C KAWAI, TAKASHI
2.3 STREET ADDRESS	900 SYLVAN AVENUE
2.4 CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ
3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP MARUGAME, HIDEA
3.3 STREET ADDRESS	900 SYLVAN AVENUE
3.4 CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ
4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP TAKENAKA, NOBUYUKI
4.3 STREET ADDRESS	900 SYLVAN AVENUE
4.4 CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	70000182907
5.4 CITY-ST-ZIP	-05/20/96--01058--028
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***200.00
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Michael A Papay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL A PAPAN

96-4-26
61
(201) 568-1800
515-5-1-96

CR2E034 (12/95)