


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P36615  
 1. Entity Name  
 KAJIMA ASSOCIATES, INC.



Principal Place of Business 395 W. PASSAIC ST 3RD FLOOR ROCHELLE PARK, NJ 07662	Mailing Address 395 W. PASSAIC ST 3RD FLOOR ROCHELLE PARK, NJ 07662
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3130508	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000184714  
 01/20/05-80041-004 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORIHAMA, KATSUSHI 395 W. PASSAIC ST ROCHELLE PARK, NJ 07662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVGM RAHIMIAN, MOHAMMAD 395 W. PASSAIC ST ROCHELLE PARK, NJ 07662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MARUGAME, HIDEYA 395 W. PASSAIC ST. ROCHELLE PARK, NJ 07662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPA SPRINGER, TODD 395 W. PASSAIC ST ROCHELLE PARK, NJ 07662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIGRO, RICHARD 395 W. PASSAIC ST ROCHELLE PARK, NJ 07662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAWADA, MASAHIRO 395 W. PASSAIC ST. ROCHELLE PARK, NJ 07662

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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: Katsushi Norihama Katsushi Norihama 1/6/05 201-518-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #