2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State
03-24-2006 90025 010 ***150.00

DOCUMENT # P36615

1. Entity Name

KAJIMA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
395 W. PASSAIC ST 3RD FLOOR ROCHELLE PARK NJ 07662	395 W. PASSAIC ST 3RD FLOOR ROCHELLE PARK NJ 07662

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 22-3130508 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name: NO CHANGE Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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: Norihama Katsushi Norihama, Treasurer 3/13/06
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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: T NAME: NORIHAMA, KATSUSHI STREET ADDRESS: 395 W. PASSAIC ST CITY-ST-ZIP: ROCHELLE PARK NJ 07662	☐ Delete	TITLE: T NAME: Katsushi Norihama STREET ADDRESS: 3500 Piedmont Rd., Suite 700 CITY-ST-ZIP: Atlanta, GA 30305	☒ Change ☐ Addition
TITLE: DVGM NAME: RAHIMIAN, MOHAMMAD STREET ADDRESS: 395 W. PASSAIC ST CITY-ST-ZIP: ROCHELLE PARK NJ 07662	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: PCEO NAME: MARUGAME, HIDEYA STREET ADDRESS: 395 W. PASSAIC ST. CITY-ST-ZIP: ROCHELLE PARK NJ 07662	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: DPA NAME: SPRINGER, TODD STREET ADDRESS: 395 W. PASSAIC ST CITY-ST-ZIP: ROCHELLE PARK NJ 07662	☐ Delete	TITLE: DPA NAME: Mohammad Rahimian STREET ADDRESS: 395 W. Passaic St. CITY-ST-ZIP: Rochelle Park, NJ 07662	☒ Change ☐ Addition
TITLE: S NAME: NIGRO, RICHARD STREET ADDRESS: 395 W. PASSAIC ST CITY-ST-ZIP: ROCHELLE PARK NJ 07662	☐ Delete	TITLE: X NAME: Richard Nigro STREET ADDRESS: 3500 Piedmont Rd., Suite 700 CITY-ST-ZIP: Atlanta, GA 30305	☒ Change ☐ Addition
TITLE: VP NAME: KAWADA, MASAHIRO STREET ADDRESS: 395 W. PASSAIC ST. CITY-ST-ZIP: ROCHELLE PARK NJ 07662	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ 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: Norihama Katsushi Norihama, Treasurer 3/13/06 404-812-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #