


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

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

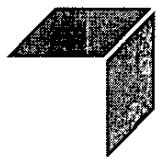
04-26-2007 90203 001 \*\*\*150.00

<b>DOCUMENT # P36615</b>					
1. Entity Name <b>KAJIMA ASSOCIATES, INC.</b>					
Principal Place of Business <b>395 W. PASSAIC ST 3RD FLOOR ROCHELLE PARK NJ 07662</b>			Mailing Address <b>395 W. PASSAIC ST 3RD FLOOR ROCHELLE PARK NJ 07662</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>22-3130508</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Treasurer NORIHAMA, KATSUSHI 3500 PIEDMONT RD. STE. 700 ATLANTA GA 30305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Treasurer Takeshi Sasaki 3500 Piedmont Rd., Suite 700 Atlanta, GA 30305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<del>EVGM</del> Director/Vice Pres/ RAHIMIAN, MOHAMMAD General Manager <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	see below <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<del>CEO</del> President/CEO MARUGAME, HIDEYA 395 W. PASSAIC ST. ROCHELLE PARK NJ 07662 <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	<del>BPA</del> Director/Principal Architect RAHIMIAN, MOHAMMAD 395 W. PASSAIC ST ROCHELLE PARK NJ 07662 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<del>VP</del> Vice President/Director Mohammad Rahimian 395 West Passaic Street Rochelle Park, NJ 07662 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary NIGRO, RICHARD 3500 PIEDMONT RD. STE. 700 ATLANTA GA 30305 <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	<del>VP</del> Vice President KAWADA, MASAHIRO <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<del>VP</del> Vice President Nobuyuki Takenaka 901 Corporate Center Drive Monterey Park, CA 91754 <input type="checkbox"/> Change <input checked="" 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: <u>Takeshi Sasaki</u>		Takeshi Sasaki, Treasurer		4/16/07 404-812-8600	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

66013000



1st MOORE CR2E034 (10/06)



**KBD  
GROUP**

**FAX TRANSMITTAL**

**ATTACHMENT**

*66015068*

*# P36615*

**Kajima Associates, Inc.**

395 W. Passaic Street  
Rochelle Park, NJ 07662

201 518 2100 Voice  
201 518 1534 Fax

Attention	State of Florida	From	Sue Ledford for Takeshi Sasaki, Treasurer
Firm Name	Division of Corporations	Date	5/15/07
Fax		Fax	404-812-8690
Telephone	850-245-6056 option 4	Project	
# of Pages	3 (Including this Page)	Project No	
Comments		Copies to	file

Per your request, we have modified the attached Annual Report for Kajima Associates, Inc. to reflect the entire title for each officer and director instead of the single alphabetic letter abbreviation.

If any additional information is needed, please do not hesitate to contact me at 404-812-8621.

Thank You

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