

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90044 018 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P36615**

1. Corporation Name  
**KAJIMA ASSOCIATES, INC.**

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

Mailing Address  
 ATTN: LEGAL DEPT.  
 900 SYLVAN AVENUE  
 ENGLEWOOD CLIFFS NJ 07632



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/11/1991**

4. FEI Number  
**22-3130508**

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

6. Elector Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACS, J	1.2 NAME	
STREET ADDRESS	900 SYLVAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	1.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIMOTO, H	2.2 NAME	
STREET ADDRESS	900 SYLVAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARUGAME, HIDEA	3.2 NAME	
STREET ADDRESS	ATTN: LEGAL DEPT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKENAKA, NOBJYUKI	4.2 NAME	
STREET ADDRESS	900 SYLVAN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIGRO, RICHARD	5.2 NAME	
STREET ADDRESS	900 SYLVAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	5.4 CITY-ST-ZIP	
TITLE	DPA <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAWAMURA, GEORGE	6.2 NAME	
STREET ADDRESS	900 SYLVAN AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John R. Kovacs JOHN R. KOVACS - T Date: 4/21/99 201-568-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)