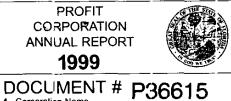
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

KAJIMA ASSOCIATES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-29-1999 90044 018 ***150.00

T KRAINBOL IND 1510 DEINE BLIDE THOU DIE DEBH BLOIL BÉALL DEBH BLAIN BERL BLAIN BERL

Principal Place	e of Business	Mailing Address				
ATTN: LEGA_ I 900 SYLVAN AV ENGLEWOOD C		ATTN: LEGAL DEPT. 900 Sylvan Avenue Englewood Cliffs nj 07632				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 12/11/1991
2. Principal PI	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				22-3130508 Not Applicable
Suite, Act. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
		27			Fee Required	
City & State		City & State			6. Electior Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible Personal Property Tax Yes [] No
24	25	29 3	0			Personal Property Tax. Larges Larges 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	—}·	81	Name	10. Name and Address of New Registered Agent
ст с	ORPORATION SYSTEM					
12:00 S. PINE ISLAND ROAD				82	Street Ac	Address (P.O. Box Number is Not Acceptable)
	NTATION FL 33324		-	83		
				84	City	F L 85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu es	the ab	ove-	-named co	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 cirectors. I hereby accept the appointment as registered agent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
	m tamiliar with, and accept the obligat	inns of, Section 607.0303, Fithiu	a Statu	les.		
SIGNATURE	Signature, typed or printed naine of registered agen	t and title if applicable. (NOTE: Re	egistered A	Agent	signature requ	equired when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	☐ DELETE	1.1 TM	1.1 TITLE		☐ Change ☐ Addition
NAME	KOVACS, J		1.2 NAME		i	
STREET ADDRESS	900 SYLVAN AVE		1.3 STREET		ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ		14 CITY-ST-ZIP		-ZIP	
TITLE	PCE0	☐ DELETE	2.1 TITI	2.1 TITLE		☐ Change ☐ Addition
NAME	MORIMOTO, H		2.2 NAME		İ	
STREET ADDRESS	900 SYLVAN AVE		2.3 STREET		ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ		2.4 CIT		-ZIP	Channe Addition
TITLE	V	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	MARUGAME, HIDEA		3.2 NAI			
STREET ADDRESS	ATTN: LEGAL DEPT.	_			ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 0763		3 4. CIT		-ZIP	☐ Change ☐ Addition
TITLE	V	☐ DELETE	4.1 TITLE			
NAME	TAKENAKA, NOBUYUKI		4 2 NAME			
STREET ADDRESS	•••		4 3 STREE		- 1	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	☐ DELETE	4.4 CIT		-ZIP	☐ Change ☐ Addition
TITLE	S NICEO BIOLIARE		5.3 HIII 5.2 NAI			Onlings Drawer
NAME	NIGRO, RICHARD				ADDRESS	
STREET ADDRESS	900 SYLVAN AVE		5.4 CIT		1	
CITY-ST-ZIP	ENGELWOOD CLIFFS NJ	DELETE	6.1 TITI			Change Addition
TITLE	DPA	C. Desert	6.2 NAI		- 1	<u></u>
NAME PERCET ADDRESS	KAWAMURA, GEORGE				ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 7(3)(i), Florida Statutes. I further sertify that the irformation indicated on this annual report or suppliemental 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 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

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ENGLEWOOD CLIFFS NJ

JOHN R. KOVACS - T

201-568-1800

CR2E034 (11/98)