

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90096 013 ***150.00

DOCUMENT # P36615

1. Entity Name

KAJIMA ASSOCIATES, INC.

Principal Place of Business

Mailing Address

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

ATTN: LEGAL DEPT.
 900 SYLVAN AVENUE
 ENGLEWOOD CLIFFS NJ 07632-3301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3130508

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KOVACS, J	
STREET ADDRESS	900 SYLVAN AVE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MORIMOTO, H	
STREET ADDRESS	900 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MARUGAME, HIDEA	
STREET ADDRESS	ATTN: LEGAL DEPT.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAKENAKA, NOBUYUKI	
STREET ADDRESS	900 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	NIGRO, RICHARD	
STREET ADDRESS	900 SYLVAN AVE	
CITY-ST-ZIP	ENGELWOOD CLIFFS NJ	
TITLE	DPA	<input type="checkbox"/> Delete
NAME	KAWAMURA, GEORGE	
STREET ADDRESS	900 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUGASAWA, KIYOSHI	
STREET ADDRESS	900 SYLVAN AVE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOYAMA, .TOMOMI	
STREET ADDRESS	900 SYLVAN AVE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kiyoshi Sugasawa
 Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Kiyoshi Sugasawa

4/28/00 - (201) 568-1800

Date

Daytime Phone #

CR2E034 (9/99)