

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90066 027 ***150.00

DOCUMENT # P36615

1. Entity 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
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00049374



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 395 W. Passaic Street	3. Mailing Address 395 W. Passaic Street
Suite, Apt. #, etc. 3rd Floor	Suite, Apt. #, etc. 3rd Floor
City & State Rochelle Park, New Jersey	City & State Rochelle Park, New Jersey
Zip 07662	Country Bergen

4. FEI Number 22-3130508	Applied For <input type="checkbox"/> Not Applicable
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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
	State 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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	T SUGASAWA, KIYOSHI 900 SYLVAN AVE ENGLEWOOD CLIFFS NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			T Katsushi Norihama 395 W. Passaic Street Rochelle Park, NJ 07662
			<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MORIMOTO, H 900 SYLVAN AVE. ENGLEWOOD CLIFFS NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			CD 395 W. Passaic Street Rochelle Park, NJ 07662
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVDP KOYAMA, TOMOMI 900 SYLVAN AVE ENGLEWOOD CLIFFS NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PCEOD 395 W. Passaic Street Rochelle Park, NJ 07662
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAKENAKA, NOBUYUKI 900 SYLVAN AVE. ENGLEWOOD CLIFFS NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VD Yusuke Ichiriki 395 W. Passaic Street Rochelle Park, NJ 07662
			<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIGRO, RICHARD 900 SYLVAN AVE ENGLEWOOD CLIFFS NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			395 W. Passaic Street Rochelle Park, NJ 07662
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPA KAWAMURA, GEORGE 900 SYLVAN AVE. ENGLEWOOD CLIFFS NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PAD W. Todd Springer 395 W. Passaic Street Rochelle Park, NJ 07662
			<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Katsushi Norihama* **KATSUSHI NORIHAMA** 4/16/01 201-518-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)