

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90002 009 \*\*\*150.00

**DOCUMENT # P36615**

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



Principal Place of Business  
**395 W. PASSAIC ST  
3RD FLOOR  
ROCHELLE PARK, NJ 07662**

Mailing Address  
**395 W. PASSAIC ST  
3RD FLOOR  
ROCHELLE PARK, NJ 07662**

**24003292**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete  
NAME  
**NORIHAMA, KATSUSHI**  
STREET ADDRESS  
**395 W. PASSAIC ST**  
CITY-ST-ZIP  
**ROCHELLE PARK, NJ 07662**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVGM ☐ Delete  
NAME  
**RAHIMIAN, MOHAMMAD**  
STREET ADDRESS  
**395 W. PASSAIC ST**  
CITY-ST-ZIP  
**ROCHELLE PARK, NJ 07662**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PCEO ☒ Delete  
NAME  
**KOYOMA, TOMOMI**  
STREET ADDRESS  
**395 W. PASSAIC ST**  
CITY-ST-ZIP  
**ROCHELLE PARK, NJ 07662**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPA ☐ Delete  
NAME  
**SPRINGER, TODD**  
STREET ADDRESS  
**395 W. PASSAIC ST**  
CITY-ST-ZIP  
**ROCHELLE PARK, NJ 07662**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S ☐ Delete  
NAME  
**NIGRO, RICHARD**  
STREET ADDRESS  
**395 W. PASSAIC ST**  
CITY-ST-ZIP  
**ROCHELLE PARK, NJ 07662**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVGM ☒ Delete  
NAME  
**MARUGAME, HIDEYA**  
STREET ADDRESS  
**395 W. PASSAIC ST**  
CITY-ST-ZIP  
**ROCHELLE PARK, NJ 07662**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Katsushi Norihama*

**Katsushi Norihama**

1-19-04  
Date

201-518-2100  
Daytime Phone #