

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 08 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT '1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 852219 (5)**  
 1. Corporation Name  
**TRANS PACIFIC INSURANCE COMPANY**

Principal Place of Business <b>101 PARK AVENUE NEW YORK NY 10178-0095</b>	Mailing Address <b>101 PARK AVENUE NEW YORK NY 10178-0095</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/17/1982</b>	3a. Date of Last Report <b>03/06/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-3118700</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSAMU, SHIROUZU</b>	1.2 NAME	
STREET ADDRESS	<b>101 PARK AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUGINO, FUMITOSHI</b>	2.2 NAME	
STREET ADDRESS	<b>800 E COLORADO BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PASADENA CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OAKABE, SHINICHI</b>	3.2 NAME	
STREET ADDRESS	<b>800 E COLORADO BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PASADENA CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEKI, TAKATOSHI</b>	4.2 NAME	<b>NAMEKAWA, FUMIAKI</b>
STREET ADDRESS	<b>101 PARK AVENUE</b>	4.3 STREET ADDRESS	<b>101 PARK AVENUE</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	<b>NEW YORK, NEW YORK 10178-0095</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSELL, WILSON</b>	5.2 NAME	
STREET ADDRESS	<b>101 PARK AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSTON, GLENN</b>	6.2 NAME	<b>SUGINO, FUMITOSHI</b>
STREET ADDRESS	<b>800 E. COLORADO BLVD.</b>	6.3 STREET ADDRESS	<b>800 E. COLORADO BLVD.</b>
CITY-ST-ZIP	<b>PASADENA CA</b>	6.4 CITY-ST-ZIP	<b>PASADENA, CALIFORNIA 91109-7127</b>

14. I do 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.

SIGNATURE: *Masaharu Takamizawa* July 28, 1997 212-297-6600

CR2E034 (4/97)