

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90091 029 \*\*\*150.00

**DOCUMENT # 852219**

1. Entity Name

**TRANS PACIFIC INSURANCE COMPANY**

Principal Place of Business

Mailing Address

101 PARK AVENUE  
 NEW YORK NY 10178-0095

101 PARK AVENUE  
 NEW YORK NY 10178-0002

00007172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-3118700**

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

**FLORIDA STATE INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32301**

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	D	<input checked="" type="checkbox"/> Delete
NAME	NOMURA, SHIN	
STREET ADDRESS	800 E. COLORADO BLVD	
CITY-ST-ZIP	PASADENA CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUGINO, FUMITOSHI	
STREET ADDRESS	800 E COLORADO BLVD-	
CITY-ST-ZIP	PASADENA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVANAUGH, LISA P	
STREET ADDRESS	101 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10178-0095	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NAMEKAWA, FUMIAKI	
STREET ADDRESS	101 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, WILSON	
STREET ADDRESS	101 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FUMITOSHI, SUGINO	
STREET ADDRESS	800 E. COLORADO BLVD.	
CITY-ST-ZIP	PASADENA CA	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Polizzi, D. Michael	
STREET ADDRESS	101 Park Avenue	
CITY-ST-ZIP	New York, NY 10178	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ishii, Morio	
STREET ADDRESS	101 Park Avenue	
CITY-ST-ZIP	New York, NY 10178	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldstein, B. Steven	
STREET ADDRESS	101 Park Avenue	
CITY-ST-ZIP	New York, NY 10178	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Namekawa, Fumiaki	
STREET ADDRESS	101 Park Avenue	
CITY-ST-ZIP	New York, NY 10178	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Umeki, Hirotsugu	
STREET ADDRESS	101 Park Avenue	
CITY-ST-ZIP	New York, NY 10178	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ikeda, Naoto	
STREET ADDRESS	101 Park Avenue	
CITY-ST-ZIP	New York, NY 10178	

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:

**SIGNATURE REQUIRED** Steven Goldstein

1/11/00

212-297-6983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #