FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jun 03, 2002 8:00 am Secretary of State

DOCUMENT #	06-03-200	06-03-2002 91196 008 ***550.00			
DOCUMENT # 852219 1. Entity Name					
TRANS PACIFIC INSURANCE COMPANY					
DO NOT WRITE IN THIS SPACE					
Principal Place of Business 3. Mailing Address					
101 PARK AVENUE 101 PARK AVE		ENUE			
Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State NEW YORK, NY City & State NEW YORK, NY		v	4. FEI Number 13-3118700	-	Applied For
Zip Country	10178-0095 USA		5. Certificate of Status Desired	□ \$8.	Not Applicable 75 Additional
10178-0095 USA	101/8-0093	USA WSWS	7. Name and Address of Current R	— Fee	Required
IN THIS SPACE LARSON City		RIDA INSURANCE COMMISSIONER			
		ZOO E. GABONERS STREET			
		LARSONMBUILDING			
		City = Zin Code -		⁷ \$2399	
The above named entity submits this statement for	the purpose of changing its re		LAHASSE tered agent, or both, in the State of Flori		32399
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	January 1 - Ma	v _* 1: Fee is:\$150.00:			
Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 c. Amended UBR is \$61.25			10. Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees
11. OFFICERS AND	Make Check Payable	e to Department of S	tate 🚺		
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13. Thereby certify last the information supplied with	this filing door not mark the	CITY-ST ZIP			
13. Thereby 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 on an attachment with an address, with all other like empowered.					

May 29,2003

(212)297.6600

Daytone Pache *

Attachment Document# 852219/

Officers and Directors of Trans Pacific Insurance Company

TITLE

P/D

NAME

Hiroshi Narimatsu 101 Park Avenue

STREET ADDRESS CITY, STATE ZIP

New York, NY 10178-0095

TITLE

S/D

NAME STREET ADDRESS B. Steven Goldstein 101 Park Avenue

CITY, STATE ZIP

New York, NY 10178-0095

TITLE

T/D

NAME STREET ADDRESS CITY, STATE ZIP Lawrence Moloney 101 Park Avenue

New York, NY 10178-0095

TITLE

D

D

NAME STREET ADDRESS Yoshifumi Kobayashi

101 Park Avenue

CITY, STATE ZIP

New York, NY 10178-0095

TITLE

NAME

Toshio Nakamura

STREET ADDRESS

101 Park Avenue

CITY, STATE ZIP

New York, NY 10178-0095

TITLE

D

NAME STREET ADDRESS Harvey Sherman 101 Park Avenue

CITY, STATE ZIP

New York, NY 10178-0095

TITLE

П

NAME STREET ADDRESS CITY, STATE ZIP Kazuhiko Takashima 800 E. Colorado Blvd. Pasadena, CA 91101

TITLE

D

NAME STREET ADDRESS Nobuki Tamesue 101 Park Avenue

CITY, STATE ZIP

New York, NY 10178-0095

TITLE

D

NAME STREET ADDRESS Wallace Appelson 101 Park Avenue

CITY, STATE ZIP

New York, NY 10178-0095

Attachment Document # 850219 674993

TITLE

NAME

STREET ADDRESS

CITY, STATE ZIP

D

Lisa Cavanaugh 101 Park Avenue

New York, NY 10178-0095

TITLE

NAME

STREET ADDRESS

CITY, STATE ZIP

D

Mark Woods 101 Park Avenue

New York, NY 10178-0095