

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90072 040 \*\*\*150.00

0617834 AT

**DOCUMENT # 852219**

1. Entity Name  
**TRANS PACIFIC INSURANCE COMPANY**



Principal Place of Business  
**101 PARK AVENUE  
NEW YORK NY 10178-0095**

Mailing Address  
**101 PARK AVENUE  
NEW YORK NY 10178-0095**

2. Principal Place of Business

3. Mailing Address

**230 Park Avenue**

**230 Park Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**New York, NY**

City & State  
**New York, NY**

4. FEI Number **13-3118700**

Applied For  
Not Applicable

Zip **10169**

Country  
**USA**

Zip **10169**

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER  
200 E GAINES ST  
LARSON BUILDING  
TALLAHASSEE FL 32399**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NARIMATSU, HIROSHI 101 PARK AVE NEW YORK NY 10178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GOLDSTEIN, STEVEN B 101 PARK AVE NEW YORK NY 10178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SHERMAN, HARVEY 101 PARK AVENUE NEW YORK NY 10178-0095</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TAKASHIMA, KAZUHIKO 101 PARK AVENUE NEW YORK NY 10178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHERMAN, HARVEY 101 PARK AVENUE NEW YORK NY 10178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D APPELSON, WALLACE 101 PARK AVE NEW YORK NY 10178</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>230 Park Avenue - New York, NY 10169</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>230 Park Avenue New York, NY 10169</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D Maloney, Lawrence 230 Park Avenue New York, NY 10169</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900 E. Colorado Blvd. Pasadena, CA 91101</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>230 Park Avenue New York, NY 10169</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>230 Park Avenue New York, NY 10169</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:** ~~SIGNATURE REQUIRED~~ Steven Goldstein **4/25/2003** **(212) 297-6600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

10091460

Attachment for Trans Pacific Insurance Company - Document # 852219

10. (continued)

TITLE D  
NAME Cavanaugh, Lisa  
STREET ADDRESS 230 Park Avenue  
CITY, STATE, ZIP New York, NY 10169

TITLE D  
NAME Kobayashi, Yoshifumi  
STREET ADDRESS 230 Park Avenue  
CITY, STATE, ZIP New York, NY 10169

TITLE D  
NAME Nakamura, Toshio  
STREET ADDRESS 230 Park Avenue  
CITY, STATE, ZIP New York, NY 10169

TITLE D  
NAME Oba, Masashi  
STREET ADDRESS 230 Park Avenue  
CITY, STATE, ZIP New York, NY 10169

TITLE D  
NAME Pieffer, David  
STREET ADDRESS 230 Park Avenue  
CITY, STATE, ZIP New York, NY 10169

TITLE D  
NAME Tamesue, Nobuki  
STREET ADDRESS 230 Park Avenue  
CITY, STATE, ZIP New York, NY 10169

TITLE D  
NAME Woods, Mark  
STREET ADDRESS 230 Park Avenue  
CITY, STATE, ZIP New York, NY 10169