2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 828258** Mar 15, 2000 8:00 am Secretary of State KAWASAKI MOTORS CORP. U.S.A. 03-15-2000 90111 003 ***150.00 Principal Place of Business Mailing Address 9950 JERONIMO RD. 9950 JERONIMO RD. P.O.BOX 25252 P.O.BOX 25252 SANTA ANA CA 92799-5252 SANTA ANA CA 92799-2252 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 22-1824424 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE De'ete ☐ Change Addition NAME KITAJIMA, TERUNORI NAME STREET ADDRESS 9950 JERONIMO ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IRVINE CA TITLE **VD** Delete TITLE ☐ Change ☐ Addition NAME SHEPARD, ROBERT O NAME STREET ADDRESS STREET ADDRESS 9950 JERONIMO ROAD CITY-ST-ZIP CITY-ST-7/P <u>IRVINE CA</u> TITLE S ☐ Delete TIT! F Change ☐ Addition KOPROWSKI, DONALD J NAME NAME STREET ADDRESS 9950 JERONIMO ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IRVINE CA TITLE ☐ Delete TITLE Change ☐ Addition NAME TSURUTANI, MASATOSHI MAME STREET ADDRESS 9950 JERONIMO ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **IRVINE CA 92618** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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