

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90094 029 ***550.00

DOCUMENT # 828258

1. Entity Name
KAWASAKI MOTORS CORP. U.S.A.

Principal Place of Business
**9950 JERONIMO RD.
 P.O.BOX 25252
 SANTA ANA CA 92799-2252**

Mailing Address
**9950 JERONIMO RD.
 P.O.BOX 25252
 SANTA ANA CA 92799-2252**



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 **22-1824424**

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

**CT CORPORATION SYSTEM
 660 EAST JEFFERSON STREET
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **VD** Delete
 NAME **KITAJIMA, TERUNORI**
 STREET ADDRESS **9950 JERONIMO ROAD**
 CITY-ST-ZIP **IRVINE CA**

TITLE **Director, President & CEO** Change Addition
 NAME **Shigeru Hamada**
 STREET ADDRESS **9950 Jeronimo Road**
 CITY-ST-ZIP **Irvine, CA 92618**

TITLE **VD** Delete
 NAME **SHEPARD, ROBERT O**
 STREET ADDRESS **9950 JERONIMO ROAD**
 CITY-ST-ZIP **IRVINE CA**

TITLE **Director, EVP, Corporate Office & Treasurer** Change Addition
 NAME **Kazuo Ohta**
 STREET ADDRESS **9950 Jeronimo Road**
 CITY-ST-ZIP **Irvine, CA 92618**

TITLE **S** Delete
 NAME **KOPROWSKI, DONALD J**
 STREET ADDRESS **9950 JERONIMO ROAD**
 CITY-ST-ZIP **IRVINE CA**

TITLE **Director, EVP** Change Addition
 NAME **Yoshio Kawamura**
 STREET ADDRESS **9950 Jeronimo Road**
 CITY-ST-ZIP **Irvine, CA 92618**

TITLE **PD** Delete
 NAME **TSURUTANI, MASATOSHI**
 STREET ADDRESS **9950 JERONIMO ROAD**
 CITY-ST-ZIP **IRVINE CA 92618**

TITLE **Director, EVP, Sales** Change Addition
 NAME **Paul J. Trotta**
 STREET ADDRESS **9950 Jeronimo Road**
 CITY-ST-ZIP **Irvine, CA 92618**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exec. VP of Corporate Office 9/12/02
Date Daytime Phone #

CR2E034 (4/02)



Attachment

828258

September 6, 2002

Department of State
Division of Corporations
Uniform Business Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations:

Enclosed is our 2002 Uniform Business Report (UBR), along with a check for \$550.00 covering the amount due.

Sincerely,

A handwritten signature in black ink that reads 'Ron Birek'.

Ron Birek
Senior Tax Planning Supervisor

RPB:tlc

Enclosure

cc: Florida Income Tax
0031881

PC: FLANN