

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90052 004 \*\*\*150.00

NOTES  
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**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**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **22-1824424** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
660 EAST JEFFERSON STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
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	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITAJIMA, TERUNORI		NAME		
STREET ADDRESS	9950 JERONIMO ROAD		STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, ROBERT O		NAME		
STREET ADDRESS	9950 JERONIMO ROAD		STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPROWSKI, DONALD J		NAME		
STREET ADDRESS	9950 JERONIMO ROAD		STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA		CITY-ST-ZIP		
TITLE	DPCE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMADA, SHIGERU		NAME		
STREET ADDRESS	9950 JERONIMO ROAD		STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92618		CITY-ST-ZIP		
TITLE	DEVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHTA, KAZUO		NAME		
STREET ADDRESS	9950 JERONIMO ROAD		STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92618		CITY-ST-ZIP		
TITLE	DEVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAWAMURA, YOSHIO		NAME		
STREET ADDRESS	9950 JERONIMO ROAD		STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92618		CITY-ST-ZIP		

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

**1-17-03** **949-770-0400**  
Date Daytime Phone #

CR2E034 (10/02)