FOR PROFIT 03 CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001318

1. Entity Name
J.S.T. SALES AMERICA INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1957 South Lakeside Drive	c/oMasuda,Funai,Eifert&Mitchell,Ltd. 1701 Golf Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 801
City & State Waukegan, IL	City & State Rolling Meadows, IL
Zip 60085 Country U.S.A.	Zip 60008 Country U.S.A.

4. FEI Number
36-4249972 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City Plantation **FL** Zip Code 33324

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)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, P, D Atsuhiro Takahashi 1957 South Lakeside Drive Waukegan, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Masao Yoshimura 1957 South Lakeside Drive Waukegan, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stephen M. Proctor 1701 Golf Road, Suite 800 Rolling Meadows, IL 60008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miyoko Nishimoto 1957 South Lakeside Drive Waukegan, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eriko Takahashi 1957 South Lakeside Drive Waukegan, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600017830386 05/01/03--01058--012 **150.00
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Atsuhiro Takahashi ATSUHIRO TAKAHASHI 30th. Feb 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #