

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90021 031 ***150.00

DOCUMENT # F97000004511

1. Corporation Name
SHISEIDO AMERICA INC.

Principal Place of Business
178 BAUER DR.
OAKLAND NJ 07436

Mailing Address
178 BAUER DR.
OAKLAND NJ 07436



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

22-3007714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KOSHIMIZU, KENJI	
STREET ADDRESS	178 BAUER DR.	
CITY-ST-ZIP	OAKLAND NJ 07436	
TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	OTAKE, YOSHITAKA	
STREET ADDRESS	178 BAUER DR.	
CITY-ST-ZIP	OAKLAND NJ 07436	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WATANABE, KAZUHIRO	
STREET ADDRESS	178 BAUER DR.	
CITY-ST-ZIP	OAKLAND NJ 07436	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOULIHAN, EDWARD	
STREET ADDRESS	178 BAUER DR.	
CITY-ST-ZIP	OAKLAND NJ 07436	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	GOMI, TOSHI	
STREET ADDRESS	178 BAUER DRIVE	
CITY-ST-ZIP	OAKLAND NJ 07436	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KATO, SHINOBU DR.	
STREET ADDRESS	178 BAUER DR.	
CITY-ST-ZIP	OAKLAND NJ 07436	

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mr. MASAYA HOSAKA	
1.3 STREET ADDRESS	178 Bauer Drive	
1.4 CITY-ST-ZIP	Oakland, NJ 07436	
2.1 TITLE	Sr. VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mr. Fred HOFFMAN	
2.3 STREET ADDRESS	178 Bauer Drive	
2.4 CITY-ST-ZIP	Oakland, NJ 07436	
3.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mr. MASAYOSHI HANAFUSA	
3.3 STREET ADDRESS	178 Bauer Drive	
3.4 CITY-ST-ZIP	Oakland, NJ 07436	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (1/98)