

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

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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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	08/26/1997	22-3007714	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	29	30		

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 \_\_\_\_\_ (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	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSHIMIZU, KENJI	1.2 NAME	Mr. MASAYA HOSAKA
STREET ADDRESS	178 BAUER DR.	1.3 STREET ADDRESS	178 Bauer Drive
CITY-ST-ZIP	OAKLAND NJ 07436	1.4 CITY-ST-ZIP	Oakland, NJ 07436
TITLE	DCEO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Sr. VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTAKE, YOSHITAKA	2.2 NAME	Mr. Fred HOFFMAN
STREET ADDRESS	178 BAUER DR.	2.3 STREET ADDRESS	178 Bauer Drive
CITY-ST-ZIP	OAKLAND NJ 07436	2.4 CITY-ST-ZIP	Oakland, NJ 07436
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATANABE, KAZUHIRO	3.2 NAME	Mr. MASAYOSHI HANAFUSA
STREET ADDRESS	178 BAUER DR.	3.3 STREET ADDRESS	178 Bauer Drive
CITY-ST-ZIP	OAKLAND NJ 07436	3.4 CITY-ST-ZIP	Oakland, NJ 07436
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULIHAN, EDWARD	4.2 NAME	
STREET ADDRESS	178 BAUER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND NJ 07436	4.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMI, TOSHI	5.2 NAME	
STREET ADDRESS	178 BAUER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND NJ 07436	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATO, SHINOBU DR.	6.2 NAME	
STREET ADDRESS	178 BAUER DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND NJ 07436	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (1/198)