

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90216 037 \*\*\*150.00

**DOCUMENT # L77266**

1. Entity Name  
**PARCEL T - IV DEVELOPMENT, INC.**

Principal Place of Business <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR                  C/O TOMEN AMERICA, INC                  NEW YORK NY 10019</b>	Mailing Address <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR                  C/O TOMEN AMERICA, INC                  NEW YORK NY 10019</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>13-3578007</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCARTHY, JAMES 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP UMEKI, ATSUGO 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MUSHIKA, HIDEKI 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARAI, JOHN 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCARTHY, JAMES 1285 AVENUE OF AMERICANS, 36, FL NEW YORK NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARAI, JOHN 1285 AVENUE OF AMERICANS, 36FL NEW YORK NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

\* See attached sheet for List of Directors...

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: James McCarthy *James McCarthy* 4/11/01 212 397 5808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment

958113

#L77264

**LIST OF DIRECTORS**  
**For Florida Subsidiary Companies**

***Parcel T-IV Development, Inc.***

Director: McCarthy, James  
c/o Tomen America, Inc.  
1285 Avenue of the Americas, 36 Fl  
New York, NY 10019

Director: Motohashi, Yasuo  
c/o Tomen America, Inc.  
1285 Avenue of the Americas, 36 Fl  
New York, NY 10019

Director: Cohen, Robert  
c/o Tomen America, Inc.  
1285 Avenue of the Americas, 36 Fl  
New York, NY 10019