

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

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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90171 028 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # M98981**

1. Corporation Name  
**QUALITY DEVELOPMENT, INC.**



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/12/1988</b>	
21		26		4. FEI Number <b>65-0072588</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fees Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TADASHI KOBAYASHI		1.2 NAME	McCarthy, James	
STREET ADDRESS	1285 AVE. OF THE AMERICAS		1.3 STREET ADDRESS	1285 Avenue of the Americas, 36th Fl	
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST-ZIP	New York, NY 10019	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, JAMES		2.2 NAME	Umeki, Atsuo	
STREET ADDRESS	1285 AVE. OF THE AMERICAS		2.3 STREET ADDRESS	1285 Avenue of the Americas, 36 Fl	
CITY-ST-ZIP	NEW YORK NY 10019		2.4 CITY-ST-ZIP	New York, NY 10019	
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIDEKI MUSHIKA		3.2 NAME	Mushika, Hideki	
STREET ADDRESS	1285 AVE. OF THE AMERICAS		3.3 STREET ADDRESS	1285 Avenue of the Americas, 36 Fl	
CITY-ST-ZIP	NEW YORK NY 10019		3.4 CITY-ST-ZIP	New York, NY 10019	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARAIA, JOHN		4.2 NAME	Maraia, John	
STREET ADDRESS	1285 AVE. OF THE AMERICAS		4.3 STREET ADDRESS	1285 Avenue of the Americas, 36 Fl	
CITY-ST-ZIP	NEW YORK NY 10019		4.4 CITY-ST-ZIP	New York, NY 10019	
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSHIKA, HIDEKI		5.2 NAME	(See attached list for Directors)	
STREET ADDRESS	1285 AVE. OF THE AMERICAS, 36TH FLOOR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: James McCarthy, President *[Signature]* 4/19/99 212 397 5808  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

M 98981  
446915-90171-28

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

### ***Quality Development, Inc.***

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

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

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