## 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N25574

TI FILED
Jan 14, 2005
Secretary of State

Entity Name: TEIKYO FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** TEIKYO UNIVERSITY 2-11-1 KAGA ITABASHI-KU, TO 173-8605 JA **Current Mailing Address: New Mailing Address:** C/O K. NAKANO, GREENBERG TRAURIG LLP 200 PARK AVENUE NEW YORK, NY 10166 US FEI Number: 59-2896682 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition OKINAGA, SHOICHI, Name: Name: 2-11-1 KAGA Address: Address: City-St-Zip: ITABISHI-KU, TO 173-8605 JA City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: OKINAGA, YOSHIHITO Name: Address: 2-11-1 KAGA Address: ITABASHI-KU, TO 173-8605 JA City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition NOJIMA, SHOSHICHI Name: Name: Address: 2-11-1 KAGA Address: City-St-Zip: ITABASHI-KU, TO 173-8605 JA City-St-Zip: Title: () Delete Title: () Change () Addition Name: NAKANO, KUNICHIKA Name: C/O GREENBERG TRAURIG, 200 PARK AVE Address: Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

YOSHIDA, YUJI

ITABASHI-KU, TO 173-8605 JA

2-11-1 KAGA

SIGNATURE: KUNICHIKA NAKANO S 01/14/2005

MACHINO, REIJI

ITABASHI-KU, TO 173-8605 JA

2-11-1 KAGA

Name:

Address:

City-St-Zip: