

04-30-2003 90130 012 \*\*\*\*70.00

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N25574</b> 1. Entity Name <b>TEIKYO FOUNDATION, INC.</b>	
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Principal Place of Business TEIKYO UNIVERSITY 2-11-1 KAGA ITABASHI-KU TO 173 JAPAN,	Mailing Address C/O K. NAKANO, GREENBERG TRAUIG LLP 200 PARK AVENUE NEW YORK, NY 10166 US
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11029489



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2896682</b>	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b>
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD OKINAGA, SHOICHI <input type="checkbox"/> Delete
NAME	2-11-1 KAGA
STREET ADDRESS	ITABASHI-KU, TOKYO 173 JAPAN,
CITY-ST-ZIP	
TITLE	VD OKINAGA, YOSHIMITO <input type="checkbox"/> Delete
NAME	2-11-1 KAGA
STREET ADDRESS	ITABASHI-KU, TOKYO 173 JAPAN,
CITY-ST-ZIP	
TITLE	D NOJIMA, SHOSHICHI <input type="checkbox"/> Delete
NAME	2-11-1 KAGA
STREET ADDRESS	ITABASHI-KU, TOKYO 173 JAPAN,
CITY-ST-ZIP	
TITLE	S NAKANO, KUNICHIKA <input type="checkbox"/> Delete
NAME	C/O GREENBERG TRAUIG, 200 PARK AVE
STREET ADDRESS	NEW YORK, NY 10022
CITY-ST-ZIP	
TITLE	T YOSHIDA, YUJI <input type="checkbox"/> Delete
NAME	2-11-1 KAGA
STREET ADDRESS	ITABASHI-KU, TOKYO 173 JAPAN,
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Kunichika Nakano* **KUNICHIKA NAKANO** 4/28/03 801-6896  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)