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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90053 026 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	MENT # P01405 RICA, INC.	JAN OKI Am	rica Inc					
Principal Place	of Business	Mailing Address Finances	Jepan III.	-		Į		
THREE UNIVERSITY PLAZA  THREE UNIVERSITY PLAZA								
HACKENSACK N	NJ 07601	HACKENSACK NJ 07601				DO NOT WRITE IN TI	HIS SPACE	
						3. Date Incorporated or Qualifed 03/28/1984		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				22-2509171	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22 — — — —		27				G. Certificate of Clarks Science	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	y		8. This corporation owes the current year	Intangible	□No
24 25 29			Personal Property Tax. LIYes LINO  10. Name and Address of New Registered Agent					
	9. Name and Address of Current	Registered Agent	81	Nam		IV. Haille and Address of New Neglator	ou Agent	
CT CORPORATION SYSTEM								
1200 S. PINE ISLAND ROAD			82 Street Addre			ss (P.O. Box Number is Not Acceptable)		
PLAN	ITATION FL 33324		83	3				
			84	City		F	85 Zip (	Code
SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE, R	egistered Age		re required s	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
12.	OFFICERS ANI	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS	K Change	Addition
TITLE	C IMAI, M	☐ DELETE	1.2 NAME		1	HAJIME MAEDA	EE change	
NAME	THREE UNIVERSITY PLAZA	•	1	ET ADORE:	1	morni milba		
STREET ADDRESS	HACKENSACK NJ	*	1.4 CITY-		33			
CITY-ST-ZIP TITLE	S	, DELETE	2.1 TITLE	31°ZIF			☐ Change	Addition
NAME	ZWICK, EDWARD F.		2.2 NAME					ĺ
STREET ADDRESS	CROCKER PLAZA SUITE 801		2.3 STREET ADD		ss			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-	ST-ZIP				
TITLE	EVP	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	BANNO, T		3.2 NAME					
STREET ADDRESS	THREE UNIVERSITY PLAZA		3.3 STREET ADDRES		ss			}
CITY-ST-ZIP	HACKENSACK NJ		3.4. CITY-ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	FLANAGAN, DENNIS		4. 2 NAME					-
STREET ADDRESS	THREE UNIVERSITY PLAZA		4.3 STREET ADDRESS		SS			{
CITY-ST-ZIP	HACKENSACK NJ		4.4 CITY-5	ST-ZIP			☐ Change	☐ Addition
TITLE	D MICOMO	☐ DELETE	5.1 TITLE 5.2 NAME					
NAME	H MISONO THREE UNIVERSITY PLAZA		5.2 NAME 5.3 STREET ADDI		ss			.
STREET ADDRESS	HACKENSACK NJ		5.4 CITY-					
CITY-ST-ZIP TITLE	D	☐ DELETE	6.1 TITLE		<del></del>		Change	Addition
NAME	BABA HISAO	<u> </u>	6.2 NAME				_ •	
STREET ADDRESS	THREE UNVIERSITY PLAZA		63 STREE	ET ADDRE	ss			ł
CITY-ST-ZIP	HACKENSACK NJ		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:

CITY-ST-ZIP

201-646-0011