

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14315

1. Entity Name

KANZAKI SPECIALTY PAPERS INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90030 033 ***150.00

Principal Place of Business

20 CUMMINGS STREET
WARE MA 01082

Mailing Address

20 CUMMINGS STREET
WARE MA 01082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-2939926**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-statuting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDAGAWA, TOMOO	
STREET ADDRESS	500 W ST	
CITY-STATE-ZIP	AMHERST MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORIARTY, KEVIN D	
STREET ADDRESS	103 SUMMER ST	
CITY-STATE-ZIP	BARRE MA	
TITLE	VST	<input type="checkbox"/> Delete
NAME	LIVINGSTON, ALAN E	
STREET ADDRESS	46 LAUREL LANE	
CITY-STATE-ZIP	LUDLOW MA 01056	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEFNER, STEPHEN P	
STREET ADDRESS	417 PINWOOD DRIVE	
CITY-STATE-ZIP	LONGMEADOW MA 01106	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	50 Holy Family Rd. #207	
CITY-STATE-ZIP	Holyoke, MA 01040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Sawosik	
STREET ADDRESS	113 Baker Hill Road	
CITY-STATE-ZIP	East Brookfield, MA 01515	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kuramoto, Setsuo	
STREET ADDRESS	2-16-12-402 Kakemama	
CITY-STATE-ZIP	Ichikawa-shi, Chiba-ken 272-01 JAPAN	

13. 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 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: *Alan Livingston* Alan Livingston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

413-967-
6204 X122

Daytime Phone #

CR2E034 (10/00)

Attachment

831568
Doc. # p14315-

KANZAKI SPECIALTY PAPERS INC.

DIRECTORS

D

Michio Terasawa Addition
5-12-8 Ginza
Chuo-ku, Tokyo
JAPAN

D

Usui, Hideyuki Addition
4-13-2 Akatsuha
Itabashi-ku, Tokyo 175
JAPAN