

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90003 008 ***150.00
 06-15-2000 90004 041 ****20.00

DOCUMENT # **P23361**

1. Entity Name ?

Shiseido Cosmetics (America) LTD. In

Principal Place of Business Mailing Address
 900 3rd Ave. 178 Bauer Dr
 New York, NY 10022 Oakland, NJ 07436-3105
 US US

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 Applied For
 13-2545265 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORP. SYSTEM, INC.
 1201 HAYES STREET
 SUITE 105
 TALLAHASSEE, FL 32301

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 reinstating)

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, 2000 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	CCEO	<input type="checkbox"/> Delete
NAME	ISAO, ISEJIMA	
STREET ADDRESS	214 GARY ROAD	
CITY-ST-ZIP	STAMFORD CT 06903	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENTARO, KAWAZOE	
STREET ADDRESS	900 THIRD AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAKAHASHI, NOBUO	
STREET ADDRESS	178 BAUER DRIVE	
CITY-ST-ZIP	OAKLAND, NJ	
TITLE	DVVP	<input type="checkbox"/> Delete
NAME	GEPHART, BRUCE	
STREET ADDRESS	900 THIRD AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCCAFFREY, KAREN	
STREET ADDRESS	900 THIRD AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	POHL, HANK	
STREET ADDRESS	900 THIRD AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/00
 Date

Daytime Phone #

CR2E034 (9/99)