

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90028 023 \*\*\*150.00

**DOCUMENT # P26683**

1. Entity Name

**THE NISSAN FIRE & MARINE INSURANCE COMPANY, LIMI**

911270



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
565 5 AVE 21 FL NEW YORK NY 10017 US		565 5 AVE 21 FL NEW YORK NY 10017-2413 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 **13-2791458** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 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 \_\_\_\_\_ (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	D <input type="checkbox"/> Delete
NAME	OISHI, HIROTOSHI
STREET ADDRESS	9-5, 2CHOME, KITA-AOYAMA
CITY-ST-ZIP	MINATO-KU, TOKYO, JAPAN
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	MATSUNO, TAKASHI
STREET ADDRESS	565 5 AVE 21 FL
CITY-ST-ZIP	NEW YORK NY
TITLE	VST <input type="checkbox"/> Delete
NAME	HAYASHI, HIROYUKI
STREET ADDRESS	565 5 AVE 21 FL
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> Delete
NAME	TANNO, TAKASHI
STREET ADDRESS	9-5, 2-CHOMO, KITA-AOYAMA
CITY-ST-ZIP	MINATO-KU, TOKYO, JAPAN
TITLE	D <input type="checkbox"/> Delete
NAME	KURIHARA, HIROSHI
STREET ADDRESS	611 W. SIXTH ST. STE. 3205
CITY-ST-ZIP	LOS ANGELES CA
TITLE	O <input type="checkbox"/> Delete
NAME	OKUMA, TOSHIO
STREET ADDRESS	3200 WEST END, AVENUE 405
CITY-ST-ZIP	NASHVILLE TN

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	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIBATA, MASAO
STREET ADDRESS	565 FIFTH AVE., 21 FL
CITY-ST-ZIP	NEW YORK, N.Y.
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	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURIHARA, HIROSHI
STREET ADDRESS	611 W. SIXTH ST., STE. 3205
CITY-ST-ZIP	LOS ANGELES, CA
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 REQUIRED (212) 286-3000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #