

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90202 017 \*\*\*150.00

**DOCUMENT**

*P28399*

1. Entity Name  
 NI 600 SUPERIOR, INC.

Principal Place of Business  
 1211 AVENUE OF THE AMERICAS  
 NEW YORK NY 10036

Mailing Address  
 1211 AVENUE OF THE AMERICAS  
 NEW YORK NY 10036-8701

**B0073461**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number  
 13-3526754

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OKUYAMA, T</b>	
STREET ADDRESS	<b>C/O NISSHO Iwai CORPORATION 4-5 AKASAKA</b>	
CITY-ST-ZIP	<b>TOKYO, JAPAN</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SUZUKI, K</b>	
STREET ADDRESS	<b>C/O NISSHO Iwai CORPORATION 4-5 AKASAKA</b>	
CITY-ST-ZIP	<b>TOKYO, JAPAN</b>	
TITLE	<b>VPST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOZUMI, S</b>	
STREET ADDRESS	<b>C/O NIAC 1211 AVENUE OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Takizawa, M</b>	
STREET ADDRESS	<b>C/O NISSHO Iwai CORPORATION 4-5 Akasaka</b>	
CITY-ST-ZIP	<b>Tokyo Japan</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ISHIGURO, A</b>	
STREET ADDRESS	<b>C/O NISSHO Iwai CORPORATION 4-5 Akasaka</b>	
CITY-ST-ZIP	<b>Tokyo Japan</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ONOMA, F</b>	
STREET ADDRESS	<b>C/O NIAC 1211 AVENUE OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
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]*  
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

*4/13/2000*  
 Date

*212-754-6831*  
 Daytime Phone #