

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28901

1. Entity Name  
YKK CORPORATION OF AMERICA

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90068 031 \*\*\*150.00

Principal Place of Business  
1306 COBB INDUSTRIAL DRIVE  
MARIETTA GA 30066  
US

Mailing Address  
1306 COBB INDUSTRIAL DRIVE  
MARIETTA GA 30066-6607  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1850 Parkway Place  
Suite, Apt. #, etc.  
Suite 300  
City & State  
Marietta, GA

3. Mailing Address  
1850 Parkway Place  
Suite, Apt. #, etc.  
Suite 300  
City & State  
Marietta, GA

City & State  
Marietta, GA

City & State  
Marietta, GA

4. FEI Number 22-2830094  
Applied For  
Not Applicable

Zip Country  
30067 USA

Zip Country  
30067 USA

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 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                      | CEO                           | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |           |
| NAME                       | TAKAHASHI, JUNICHI            |                                 | NAME  |  |           |
| STREET ADDRESS             | 1306 COBB INDUSTRIAL DR       |                                 | STREET ADDRESS  | 1850 Parkway Place   | Suite 300 |
| CITY-ST-ZIP                | MARIETTA GA 30066             |                                 | CITY-ST-ZIP   | Marietta, GA 30067   |           |
| TITLE                      | CB                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |           |
| NAME                       | YOSHIDA, TADAHIRO             |                                 | NAME  |  |           |
| STREET ADDRESS             | 1-17-27 SAKURAGOAKA           |                                 | STREET ADDRESS  |  |           |
| CITY-ST-ZIP                | PREFECTURE, JAPAN             |                                 | CITY-ST-ZIP   |  |           |
| TITLE                      | SVP                           | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |           |
| NAME                       | GREGORY, ALEX                 |                                 | NAME  |  |           |
| STREET ADDRESS             | 1306 COBB INDUSTRIAL DR       |                                 | STREET ADDRESS  | 1850 Parkway Place   | Suite 300 |
| CITY-ST-ZIP                | MARIETTA GA                   |                                 | CITY-ST-ZIP   | Marietta, GA 30067   |           |
| TITLE                      | D                             | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |           |
| NAME                       | TAKAHASHI, JUNICHI            |                                 | NAME  |  |           |
| STREET ADDRESS             | 1306 COBB INDUSTRIAL DR       |                                 | STREET ADDRESS  | 1850 Parkway Place   | Suite 300 |
| CITY-ST-ZIP                | MARIETTA GA                   |                                 | CITY-ST-ZIP   | Marietta, GA 30067   |           |
| TITLE                      | D                             | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |           |
| NAME                       | SOGI, FRANCIS Y.              |                                 | NAME  |  |           |
| STREET ADDRESS             | ONE PAYNE RD                  |                                 | STREET ADDRESS  | 101 Park Avenue  |           |
| CITY-ST-ZIP                | ELMSFORD NY                   |                                 | CITY-ST-ZIP   | New York, NY 10178   |           |
| TITLE                      | SVP                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |           |
| NAME                       | WILEY, WILLIAM T JR           |                                 | NAME  |  |           |
| STREET ADDRESS             | 3920 ARKWRIGHT RD., SUITE 350 |                                 | STREET ADDRESS  |  |           |
| CITY-ST-ZIP                | MACON GA                      |                                 | 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: *Edward A. Gregory* **REQUIRED** Edward A. Gregory 2/18/2000 770-261-6130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)