

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 JUL 31 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P29603 (8)**

1. Corporation Name  
**TEIKYO UNIVERISITY FOUNDATION, INC.**



Principal Place of Business 11-1. KAGA, 2 CHOME ITABASHIKU TOKYO 173. JAPAN	Mailing Address 11-1. KAGA, 2 CHOME ITABASHIKU TOKYO 173. JAPAN
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/01/1990</b>	3a. Date of Last Report <b>07/31/1996</b>
4. FEI Number <b>59-3048870</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

**CORPORATE ACCESS, INC.  
1116-D THOMASVILLE ROAD  
MOUNT VERNON SQUARE  
TALLAHASSEE FL 32303**

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PC	<input type="checkbox"/> DELETE
NAME	OKINAGA, SHOICHI	
STREET ADDRESS	6-5-30 HATANODAI, SHINAGAWA-KU	
CITY-ST-ZIP	TOKYO, JAPAN	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	YOKOBORI, TAKEO	
STREET ADDRESS	1-31-15 AOYAMA, TAIHAKU KU	
CITY-ST-ZIP	SENDAI CITY, MIYAGI, JAPAN	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	OKINAGA, YOKO	
STREET ADDRESS	6-5-30 HATANODAI, SHINAGAWA-KU	
CITY-ST-ZIP	TOKYO, JAPAN	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	SHOSHICHI, NOJIMA	
STREET ADDRESS	2-24-7-723 NAKANO, NAKANO-KU	
CITY-ST-ZIP	TOKYO, JAPAN	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MOROHASHI, NOBORU	
STREET ADDRESS	3 MASTUNOKI, SUGINAMI-KU	
CITY-ST-ZIP	TOKYO, JAPAN	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	OTSUKA, TSUNEO	
STREET ADDRESS	3-13-5 FUJIMICHO, NAKANO-KU	
CITY-ST-ZIP	TOKYO, JAPAN	

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>900002253629--7</b>
1.3 STREET ADDRESS	<b>-07/31/97--01004--018</b>
1.4 CITY-ST-ZIP	<b>*****70.00 *****70.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	OKINAGA YOSHIHITO
3.3 STREET ADDRESS	6-5-30 HATANODAI, SHINAGAWA-KU
3.4 CITY-ST-ZIP	TOKYO, JAPAN
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	OHTA MASAO
6.3 STREET ADDRESS	1-5-36 TANI, CHUO-KU, FUKUOKA-CITY
6.4 CITY-ST-ZIP	FUKUOKA, JAPAN

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**DR. SHOICHI OKINAGA**      **JULY 26, 1997**

SIGNATURE REQUIRED CHAIRMAN AND PRESIDENT      3 2570 5001

CR2E037 (4/97)