2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36564

1. Entity Name

KAJIMA CONSTRUCTION SERVICES, INC.

| Principal Place of Business | Mailing Address | | | | |
|--|---|--|--|--|--|
| LEGAL DEPARTMENT SYLVAN AVENUE SYLVAN AVENUE OF THE PROPERTY O | ATTN: LEGAL DEPARTMENT 900 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632-3301 | | | | |
| 2. Principal Place of Business | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | |

FILED May 04, 2000 8:00 am Secretary of State

05-04-2000 90096 012 ***150.00

| Principal Place of Business 3. Mailing Address | | | | | | | | |
|--|--|--------------------------------|---------------------|--|-----------------------------------|--|---|--|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | - | DO NOT WR | ITE IN THIS SPACE | | |
| City & State City & State | | | | . FEI Number 22-313050 | a ++- | plied For | | |
| Zip | Country | Zip | Zip Country | | . Certificate of Status Desired | \$8.75 Add Fee Require | litional d | |
| | 6. Name and Address of Current | Registered Agent | <u>'</u> | 7. Name and Address of New Registered Agent | | | | |
| | | | N | lame | | | | |
| ст с | CODODATION SYSTEM | | <u></u> | | | | | |
| | CORPORATION SYSTEM | |) s | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | S. PINE ISLAND ROAD | | <u> </u> | | | | | |
| PLAN | NTATION FL 33324 | | | | | | | |
| | | | C | City FL Zip Code | | | | |
| | | | | | | | | |
| 8. The above | e named entity submits this statement fo | or the purpose of changing | its registered o | ffice or registered | agent, or both, in the State of F | lorida. , | | |
| | | | | | | | | |
| SIGNATURE | | | | | | | } | |
| | Signature, typed or printed name of registered agent | t and title if applicable. (Ni | OTE: Registered Age | ent signature required whe | en reinstating) | DATE | | |
| 9. This corp | oration is eligible to satisfy its Intangible | FILE NOV | VIII FEE IS | \$150.00 | 40 Floation Communica Fi | inanaina — — — — — — — — — — — — — — — — — — — | <u>, </u> | |
| Tax filing requirement and elects to do so. After MAY 1, 2000 Fee | | 2000 Fee will | be \$550.00 | 10. Election Campaign Fi | | May Be | | |
| (See crite | eria on back) | Make Check Pay | able to Depa | rtment of State | TOST GIR CONTINUENT | on. D Added |] | |
| 11, | OFFICERS AND | DIRECTORS | 12. | | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTOR | S IN 11 | |
| TITLE | D | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | HOSHINO, H | | NAME | | | | | |
| STREET ADDRESS | 900 SYLVAN AVE. | | STREET AD | DDRESS | | | | |
| CITY-ST-ZIP | ENGLEWOOD CLIFFS NJ | | CITY-ST- | ZIP | | |) | |
| TITLE | PCD | Delete TITL | | P/CE | 0/D | X Change | Addition | |
| NAME | KASHIWAKURA, MASATO | | | 1,02 | 0,2 | | _ | |
| STREET ADDRESS | 900 SYLVAN AVE. | | STREET AD | DDRESS | • | | | |
| CITY-ST-ZIP | ENGLEWOOD CLIFFS NJ | | CITY-ST- | | | | { | |
| TITLE | CCOS | | TITLE | EVP/C | 00/S/D | X Change | Addition | |
| NAME | NIGRO, RICHARD | | NAME | | ,-,- | | | |
| STREET ADDRESS | 900 SYLVAN AVENUE | | STREET AC | DORESS | | | | |
| CITY-ST-ZIP | | | CITY-ST- | | | | Į | |
| | ENGLEWOOD CLIFFS NJ | | | C/D | <u> </u> | ☐ Change | Addition | |
| TITLE | C | ☐ Delete | . TITLE NAME | ", " | | TXI cuands | | |
| STREET ADDRESS | SUOMI, M | | STREET AC | ODRESS | | | | |
| CITY-ST-ZIP | 900 SYLVAN AVE. | | CITY-ST- | · | | | | |
| | ENGLEWOOD CLIFFS NJ | | _ | | | C Observed | V Addition | |
| IIILE | VTS | ☑ Delete | TITLE | EVP/D | | ☐ Change | ★ Addition | |
| - | PAPEY, MICHAEL | | NAME | ISHIB | ASHI, SEIJI | | | |

i3. 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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

name Street address

SIGNATURE:

CCC: ST-ZIP

TITLE

900 SYLVAN AVE

900 SYLVAN AVE.

CFD

ENGLEWOOD CLIFFS NJ

ENGLEWOOD CLIFFS NJ

SUGASAWA, KIYOSHI

Treasurer

☐ Delete

4/28/00

900 SYLVAN AVE

CFO/T/D

ENGLEWOOD CLIEES, NJ

(201) 568-1800

Daytime Phone #

X Change

Addition

HZEU34 (8/88)