

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90066 026 ***150.00

DOCUMENT # P36564

1. Entity Name -

KAJIMA CONSTRUCTION SERVICES, INC.

Principal Place of Business

ATTN: LEGAL DEPARTMENT
 900 SYLVAN AVENUE
 ENGLEWOOD CLIFFS NJ 07632

Mailing Address

ATTN: LEGAL DEPARTMENT
 900 SYLVAN AVENUE
 ENGLEWOOD CLIFFS NJ 07632

00043373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

395 W. Passaic Street

3. Mailing Address

395 W. Passaic Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor

3rd Floor

City & State

Rochelle Park, New Jersey

City & State

Rochelle Park, New Jersey

Zip

07662

Country

Bergen

Zip

07662

Country

Bergen

4. FEI Number 22-3130509

Applied For

Not Applicable

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, 2001 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 NAME	D HOSHINO, H	<input type="checkbox"/> Delete
STREET ADDRESS	900 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE NAME	PCED KASHIWAKURA, MASATO	<input type="checkbox"/> Delete
STREET ADDRESS	900 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE NAME	ECSD NIGRO, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	900 SYLVAN AVENUE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE NAME	CD SUOMI, M	<input type="checkbox"/> Delete
STREET ADDRESS	900 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE NAME	EVPD ISHIBASHI, SEIJI	<input type="checkbox"/> Delete
STREET ADDRESS	900 SYLVAN AVE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE NAME	CFTD SUGASAWA, KIYOSHI	<input type="checkbox"/> Delete
STREET ADDRESS	900 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	395 W. Passaic Street
CITY-ST-ZIP	Rochelle Park, NJ 07662
TITLE NAME	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	395 W. Passaic Street
CITY-ST-ZIP	Rochelle Park, NJ 07662
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	395 W. Passaic Street
CITY-ST-ZIP	Rochelle Park, NJ 07662
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	395 W. Passaic Street
CITY-ST-ZIP	Rochelle Park, NJ 07662
TITLE NAME	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	395 W. Passaic Street
CITY-ST-ZIP	Rochelle Park, NJ 07662

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: *Richard Nigro*

RICHARD NIGRO

4/16/01

201-518-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)