2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P36615

1. Entity Name
KAJIMA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
395 W. PASSAIC ST 3RD FLOOR ROCHELLE PARK, NJ 07662	395 W. PASSAIC ST 3RD FLOOR ROCHELLE PARK, NJ 07662

04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3130508

☐ 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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~T~~ Treasurer
NAME	SASAKI, TAKESHI
STREET ADDRESS	3500 PIEDMONT RD. STE. 700
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	~~PCEO~~ President, Chief Executive Officer
NAME	MARUGAME, HIDEYA
STREET ADDRESS	395 W. PASSAIC ST.
CITY-ST-ZIP	ROCHELLE PARK, NJ 07662
TITLE	~~VPD~~ Vice President/Director
NAME	RAHIMIAN, MOHAMMAD
STREET ADDRESS	395 W. PASSAIC ST
CITY-ST-ZIP	ROCHELLE PARK, NJ 07662
TITLE	~~X~~ Secretary
NAME	NIGRO, RICHARD
STREET ADDRESS	3500 PIEDMNONT RD. STE. 700
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	~~VP~~ Vice President
NAME	TAKENAKA, NOBUYUKI
STREET ADDRESS	901 CORPORATE CENTER DR.
CITY-ST-ZIP	MONTEREY PARK, CA 91754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hasaki 04/18/2008 404-812-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Takeshi Sasaki, Treasurer