

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90014 002 \*\*\*150.00

**DOCUMENT # P94000049032**

**1. Entity Name**  
**PARCEL C-I DEVELOPMENT, INC.**

**Principal Place of Business**  
**1285 AVENUE OF THE AMERICAS, 36TH FLOOR**  
**C/O TOMEN AMERICA, INC**  
**NEW YORK NY 10019**

**Mailing Address**  
**1285 AVENUE OF THE AMERICAS, 36TH FLOOR**  
**C/O TOMEN AMERICA, INC**  
**NEW YORK NY 10019**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **13-3786400**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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

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

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **PD: MCCARTHY, JAMES**  
**STREET ADDRESS** **1285 AVENUE OF THE AMERICAS, 36TH FLOOR**  
**CITY-ST-ZIP** **NEW YORK NY 10019**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **S. MARAIA, JOHN**  
**STREET ADDRESS** **1285 AVENUE OF THE AMERICAS, 36TH FLOOR**  
**CITY-ST-ZIP** **NEW YORK NY 10019**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **T MUSHIKA, HIDEKI**  
**STREET ADDRESS** **1285 AVENUE OF THE AMERICAS, 36TH FLOOR**  
**CITY-ST-ZIP** **NEW YORK NY 10019**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**\*See attached sheet for List of Directors\***

**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:** **James McCarthy**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212 397 5808

CR2E034 (9/01)

Attachment 952452  
# 15400004908

**LIST OF DIRECTORS**  
**For Florida Subsidiary Companies**

*Parcel C-I Development, Inc.*

Director: McCarthy, James  
c/o Tomen America, Inc.  
1285 Avenue of the Americas, 36 Fl  
New York, NY 10019

Director: Maraia, John  
c/o Tomen America, Inc.  
1285 Avenue of the Americas, 36 Fl  
New York, NY 10019

Director: Tani, Shigeki  
c/o Tomen America, Inc.  
1285 Avenue of the Americas, 36 Fl  
New York, NY 10019