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Mar 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 834677

(7)

1. Corporation Name  
ITOCHU INTERNATIONAL INC.



Principal Place of Business  
335 MADISON AVENUE  
NEW YORK NY 10017

Mailing Address  
335 MADISON AVENUE  
NEW YORK NY 10017-4805

3. Date Incorporated or Qualified 07/15/1975	3a. Date of Last Report 04/09/1996
4. FEI Number 13-1850807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COOD	1.1 TITLE	
NAME	USHIN, OKAZAKI	1.2 NAME	
STREET ADDRESS	335 MADISON AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	
TITLE	TOGE, MITSUhide	2.1 TITLE	
NAME	335 MADISON AVENUE	2.2 NAME	Tadayuki Seki
STREET ADDRESS	NEW YORK NY	2.3 STREET ADDRESS	335 Madison Avenue
CITY - ST - ZIP	CEOD	2.4 CITY - ST - ZIP	New York, N.Y.
TITLE	CHAI, JAY W.	3.1 TITLE	
NAME	335 MADISON AVENUE	3.2 NAME	
STREET ADDRESS	NEW YORK, NY.	3.3 STREET ADDRESS	
CITY - ST - ZIP	VS	3.4 CITY - ST - ZIP	
TITLE	HORWITZ, ELLIS A	4.1 TITLE	
NAME	335 MADISON AVENUE	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY - ST - ZIP	V	4.4 CITY - ST - ZIP	
TITLE	SMITH, THOMAS D.	5.1 TITLE	
NAME	335 MADISON AVENUE	5.2 NAME	
STREET ADDRESS	NEW YORK NY	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ T.D. Smith 3/19/97 (212) 818-8091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0003660

CR2E034 (9/96)