2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT #834677** Feb 04, 2000 8:00 am **Secretary of State** ITOCHU INTERNATIONAL INC. 02-04-2000 90003 033 ***150.00 Mailing Address Principal Place of Business 335 MADISON AVENUE 335 MADISON AVENUE NEW YORK NY 10017 NEW YORK NY 10017-4605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-1850807 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition COOD Delete TITLE TITI F KAKUICHI, SAEGUSA NAME NAME STREET ADDRESS STREET ADDRESS 335 MADISON AVE. CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** Addition Change Delete TITLE TITLE TAKAYUKI, SEKI NAME NAME Takeshi Okumura STREET ADDRESS STREET ADDRESS 335 MADISON AVENUE 335 Madison Avenue New York, NY 10017 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** - 🖃 · Change - 🔚 Addition CEOD-Defete ĪHLE NAME NAME CHAI, JAY W. STREET ADDRESS STREET ADDRESS 335 MADISON AVENUE CITY-ST-ZIP CITY-ST-ZIP 'NEW YORK, NY. ☐ Change ☐ Addition VS. ☐ Delete TITLE TITI F NAME HORWITZ, ELLIS A NAME STREET ADDRESS STREET ADDRESS 335 MADISON AVENUE CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** ☐ Change Addition ■ Delete TITLE Dennis S. Hersch NAME NAME SMITH, THOMAS D. STREET ADDRESS 450 Lexington Avenue STREET ADDRESS 335 MADISON AVENUE CITY-ST-ZIP New York, NY 10017 CITY-ST-ZIP **NEW YORK NY** ☐ Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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

an address, with all other like empowered.

SIGNATURE: