

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834677

1. Entity Name

ITOCHU INTERNATIONAL INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90003 033 ***150.00

Principal Place of Business

Mailing Address

335 MADISON AVENUE
NEW YORK NY 10017

335 MADISON AVENUE
NEW YORK NY 10017-4605

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

13-1850807

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COOD	<input type="checkbox"/> Delete
NAME	KAKUICHI, SAEGUSA	
STREET ADDRESS	335 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TAKAYUKI, SEKI	
STREET ADDRESS	335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CHAI, JAY W.	
STREET ADDRESS	335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY.	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HORWITZ, ELLIS A	
STREET ADDRESS	335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, THOMAS D.	
STREET ADDRESS	335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Takeshi Okumura	
STREET ADDRESS	335 Madison Avenue	
CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis S. Hersch	
STREET ADDRESS	450 Lexington Avenue	
CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Takeshi Okumura
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Okumura, Treasurer

1/26/00
Date

(212)818-8133
Daytime Phone #

CR2E034 (9/99)