FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State
04-28-1999 90052 017 ***150.00

DOCUMENT # 850857

1. Corporation Name
SUMITOMO CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
345 PARK AVE NEW YORK NY 10154-0002	345 PARK AVE NEW YORK NY 10154-0002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 600 Third Avenue	2a. Mailing Address 26 600 Third Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New York, NY	City & State 28 New York, NY
Zip 24 10016-2001 Country 25 U.S.A.	Zip 29 10016-2001 Country 30 U.S.A.

3. Date Incorporated or Qualifed: 10/29/1981

4. FEI Number: 13-5612163 ☐ Applied For ☐ Not Applicable

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

6. Elector Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YOKOHATA, KEITARO		1.2 NAME		
STREET ADDRESS	860 UNITED NATIONS PLAZA		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHIMOJIMA, IZUMI		2.2 NAME		
STREET ADDRESS	248 TREETOP LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	RYEBROOK NY		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EISENBERG, BARRY		3.2 NAME		
STREET ADDRESS	1 BAKER ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LIVINGSTON NJ		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HANLEY, LAURENE M		4.2 NAME		
STREET ADDRESS	1 RECTORY LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	SCARSDALE NY		4.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	5.1 TITLE	AS	☒ Change ☐ Addition
NAME	SHIBUYA, TOSHIFUMI		5.2 NAME	Ogawa Kiyoshi	
STREET ADDRESS	40 RIDGELY STREET		5.3 STREET ADDRESS	14 Miller Road	
CITY-ST-ZIP	DARIEN CT		5.4 CITY-ST-ZIP	Darien, CT 06820	
TITLE	DVT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ADACHI, TAKEHIKO		6.2 NAME		
STREET ADDRESS	236 E. 47TH STREET, #25C		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: _____ Kiyoshi Ogawa Assistant Secretary (212) 207-0465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #