## 2004 FOR PROFIT CORPORATION

7/19.

FILED
Jul 30, 2004 8:00 an
Secrétary of State
07.10.2004.00010.004.***1.50.00

DOCUMENT # 850857  1. Entity Name SUMITOMO CORPORATION OF AMERICA							07-19-	-2004 90	0019 004	***150.0	
Principal Plac 600 THIRD A NEW-YORK, N		Mailing Address 600 THIRD AVE NEW YORK, NY 10016-2001			-	66431010					
2. Principal P	face of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07012004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State				4. FEI Number 13-5612				plied For	
Zip	Country	Zip	Coun		5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	5. Name and Address of Current I	Registered Agent	_ <del>-:</del> -			7. Name and A	ddress of New R	egistered /	lgent		
C.T.CORPORATION.SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)							
			City	<u></u>	F				Zip Code		
a. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or r	egistere	d agent, or both	, in the State of Flo	rida. I am t	amiliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	und title if applicable. (NOTE	Rogistera	of Agent signature	e required o	when reinstating)	<u> </u>	DATE			
FILE NOWIII FEE IS \$150.00 Due by September 8, 2004  9. Election Campaign Financing Trust Fund Contribution.						00 May Be d to Fees	In accordance v corporation did	vith s. 607 not receive	.193(2)(b), e the prior r	F.S., the lotice.	
10.	OFFICERS AND	DIRECTORS	11:			ADDITIONS/C	HANGES TO OFF	CERS AND	DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DEVP ARAI, SHUNICHI 800 5TH AVE NEW YORK, NY 10021	☐ Oeleta		1.		•••			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	V HANLEY, LAURENE M 1 RECTORY LN SCARSDALE, NY	□ Ocide							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS OGAWA, KIYOSHI 11 ROBINSON STREET DARIEN, CT 06820	<b>⊠</b> Delete	4	E	Tosh 240	<u>i</u> fumi Sh E 39th S	treet, #1		Change	Addition	
NAME SIREET ADDRESS CITY-SI-ZIP	L	Delete ,	1	. ).	New _	York, NX	_10018		Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	DP <sup>1</sup> ATSUSHI, NISHIJO 860 UNITED NATIONS PLAZA NEW YORK, NY 10017	☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Odete		1					☐ Change	Addition	
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exe	mption state	ed in Sec	tion 119.07(3)(i)	, Florida Statutes.	l further cer	tify that the in	nformation	

of the corporation of the properties report to supplemental report as rule and accurate and that my signature shall nave the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toshifumi Shibuya

07/01/04 (212) 207-0464

Daytime Phone #