

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90124 038 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 852016**

1. Corporation Name  
**MITSUBISHI MOTOR SALES OF AMERICA, INC.**



Principal Place of Business <b>6400 W KATELLA AVENUE CYPRESS CA 90630-5208</b>	Mailing Address <b>6400 W KATELLA AVENUE CYPRESS CA 90630-5208</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/26/1982</b>	Applied For Not Applicable
4. FEI Number <b>95-3673256</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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	<b>FL</b>

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

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	YAJIMA, HIROSHI	
STREET ADDRESS	6400 KATELLA AVE	
CITY-ST-ZIP	CYPRESS CA	
TITLE	EVPF	<input type="checkbox"/> DELETE
NAME	TAKAHASHI, MASAKI	
STREET ADDRESS	6400 KATELLA AVENUE	
CITY-ST-ZIP	CYPRESS CA	
TITLE	EVPO	<input type="checkbox"/> DELETE
NAME	GAGNON, PIERRE	
STREET ADDRESS	600-101 BROCTON COURT	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	SONOBE, TAKASHI	
STREET ADDRESS	6400 KATELLA AVE	
CITY-ST-ZIP	CYPRESS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ITO, MITSURU	
STREET ADDRESS	6400 KATELLA AVE	
CITY-ST-ZIP	CYPRESS CA 90630	
TITLE	VPGC	<input type="checkbox"/> DELETE
NAME	GLEBERMAN, ELLEN J.	
STREET ADDRESS	6400 KATELLA AVE.	
CITY-ST-ZIP	CYPRESS CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* 1/29/99 714 326461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)