

2001 UNIFORM BUSINESS REPORT (UBR)

0013440

DOCUMENT # F00000006582

Entity Name
SONY AMERICAS HOLDING INC.

APPROVED
AND
FILED

01 FEB 13 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**550 MADISON AVENUE, 35TH FLOOR
NEW YORK NY 10022**

Mailing Address
**ATTN: MICHELE PENARANDA
550 MADISON AVENUE, 9TH FLOOR
NEW YORK NY 10022**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-4750499**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 *John S. Haeng*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/12/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PD** ☐ Delete
NAME **ONEDA, NOBOYUKI**
STREET ADDRESS **1 SONY DRIVE**
CITY-ST-ZIP **PARK RIDGE NJ 07656**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Karen L. Halby**
STREET ADDRESS **555 Madison Avenue**
CITY-ST-ZIP **New York New York 10022**

TITLE **VT** ☒ Delete
NAME **SUFFREDINI, J. MICHAEL**
STREET ADDRESS **550 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Stephanie H. Roth**
STREET ADDRESS **555 Madison Avenue**
CITY-ST-ZIP **New York New York 10022**

TITLE **S** ☐ Delete
NAME **KOBER, STEVEN E**
STREET ADDRESS **550 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **TOKUNAKA, TERUHISA**
STREET ADDRESS **6-7-35 KITASHINAGAWA**
CITY-ST-ZIP **SHINAGAWA-KU, JAPAN 141**

TITLE **7000003676747-5** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ARIKAWA, MASAKAZU**
STREET ADDRESS **6-7-35 KITASHINAGAWA**
CITY-ST-ZIP **SHINAGAWA-KU, JAPAN 141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Steve C. Kober*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01
Date

212 833-7796
Daytime Phone #

CR2E034 (10/00)



ACCOUNT NO. : 072100000032

REFERENCE : 002061 4377650

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pijet

ORDER DATE : February 12, 2001

ORDER TIME : 10:25 AM

ORDER NO. : 002061-005

CUSTOMER NO: 4377650

CUSTOMER: Michele Penaranda, Legal Asst
Sony Corporation Of America
550 Madison Avenue

New York, NY 10022

ANNUAL REPORT FILING

NAME: SONY AMERICAS HOLDING INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Janna Lawhon*
~~Tina V. Qualls~~ - Ext. 1155

EXAMINER'S INITIALS:

RECEIVED
FEB 13 AM 11:26
JEROME
VISION OF STATE
TALLAHASSEE, FLORIDA