

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000796

Entity Name: NINTENDO OF AMERICA INC.

FILED  
Apr 19, 2012  
Secretary of State

**Current Principal Place of Business:**

4600 150TH AVENUE NE  
REDMOND, WA 98052

**New Principal Place of Business:**

**Current Mailing Address:**

4600 150TH AVENUE NE  
REDMOND, WA 98052

**New Mailing Address:**

FEI Number: 13-3024042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CEOT  
Name: KIMISHIMA, TATSUMI  
Address: 4600 150TH AVE NE  
City-St-Zip: REDMOND, VA 98052

Title: D  
Name: KIMISHIMA, TATSUMI  
Address: 4600 150TH AVE NE  
City-St-Zip: REDMOND, VA 98052

Title: PCOO  
Name: FILS-AIME, REGINALD  
Address: 4600 150TH AVE NE  
City-St-Zip: REDMOND, VA 98052

Title: EVP  
Name: CANNATARO, JAMES  
Address: 4600 150TH AVE NE  
City-St-Zip: REDMOND, VA 98052

Title: EVP  
Name: JAMES, DON  
Address: 4600 150TH AVE NE  
City-St-Zip: REDMOND, VA 98052

Title: EVPS  
Name: STORY, JACQUALEE  
Address: 4600 150TH AVE NE  
City-St-Zip: REDMOND, VA 98052

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES CANNATARO

EVP

04/19/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date