

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000418 (2)**

1. Corporation Name
SEGA OF AMERICA, INC.



Principal Place of Business Mailing Address
303 TWIN DOLPHIN DR. SUITE 200 REDWOOD CITY CA 94065

3. Date Incorporated or Qualified **01/25/1995** 3a. Date of Last Report
4. FEI Number **77-0111662** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No **(due 6/30/96)**

2. Principal Place of Business 2a. Mailing Address
21 **255 Shoreline Drive** 26 **255 Shoreline Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 200** 27 **Suite 200**
City & State City & State
23 **Redwood City, CA** 28 **Redwood City, CA**
Zip Country Zip Country
24 **94065** 25 **USA** 29 **94065** 30 **USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Signature (typed or printed name of registered agent and filer applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALINSKE, THOMAS	1.2 NAME	
STREET ADDRESS	255 SHORELINE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	REDWOOD CITY CA 94065	1.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOYODA, SHINOBU	2.2 NAME	
STREET ADDRESS	255 SHORELINE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	REDWOOD CITY CA 94065	2.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOUX, PAUL	3.2 NAME	
STREET ADDRESS	255 SHORELINE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	REDWOOD CITY CA 94065	3.4 CITY - ST - ZIP	
TITLE	VTAS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTSUNOMIYA, TAKAHARU	4.2 NAME	
STREET ADDRESS	303 TWIN DOLPHIN DR.	4.3 STREET ADDRESS	255 Shoreline Dr., Ste 200
CITY - ST - ZIP	REDWOOD CITY CA 94065	4.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLITGAARD, THOMAS	5.2 NAME	
STREET ADDRESS	255 SHORELINE DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	REDWOOD CITY CA 94065	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOSEPH	6.2 NAME	
STREET ADDRESS	150 SHORELINE DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	REDWOOD CITY CA 94065	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Takaharu Utsunomiya** 3/5/96 (415) 802-3900

CR2E034 (12/95)

**Additional Officers and Directors of Sega of America, Inc.
(no space available on item 12)**

Officers

Title: Executive Vice President Marketing
Name: Michael Ribero
Address: 255 Shoreline Dr., Ste 200, Redwood City, CA 94065

Directors

Name: Hayao Nakayama - Chairman
Address: 2-12 Haneda, 1-chome, Ohta-ku, Tokyo 144, Japan

Name: David Rosen - Co-Chairman
Address: 255 Shoreline Dr., Ste 200, Redwood City, CA 94065

Name: Isao Okawa
Address: 2-12 Haneda, 1-chome, Ohta-ku, Tokyo 144, Japan

Name: Shoichiro Irimajiri
Address: 2-12 Haneda, 1-chome, Ohta-ku, Tokyo 144, Japan

Name: Naoyoshi Takeshita
Address: 2-12 Haneda, 1-chome, Ohta-ku, Tokyo 144, Japan

Name: Setsuo Okawa
Address: 2-12 Haneda, 1-chome, Ohta-ku, Tokyo 144, Japan