

← SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 17 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000418 (2)
 1. Corporation Name
SEGA OF AMERICA, INC.



Principal Place of Business 255 SHORELINE DRIVE SUITE 200 REDWOOD CITY CA 94065 US	Mailing Address 255 SHORELINE DR SUITE 200 REDWOOD CITY CA 94065 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/25/1995	3a. Date of Last Report 03/13/1996
4. FEI Number 77-0111662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KALINSKE, THOMAS	
STREET ADDRESS	255 SHORELINE DR.	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	TOYODA, SHINOBU	
STREET ADDRESS	255 SHORELINE DR.	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RIoux, PAUL	
STREET ADDRESS	255 SHORELINE DR.	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	UTSUNOMIYA, TAKAHARU	
STREET ADDRESS	255 SHORELINE DR., STE 200	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KLITGAARD, THOMAS	
STREET ADDRESS	255 SHORELINE DR.	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JOSEPH	
STREET ADDRESS	150 SHORELINE DR.	
CITY-ST-ZIP	REDWOOD CITY CA 94065	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CDCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Irimajiri, Shoichiro	
1.3 STREET ADDRESS	2-12 Haneda, 1-Chome	
1.4 CITY-ST-ZIP	Ohta-ku, Tokyo 144, Japan	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VCOOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stolar, Bernard	
3.3 STREET ADDRESS	255 Shoreline Dr., Suite 200	
3.4 CITY-ST-ZIP	Redwood City, CA 94065	
4.1 TITLE	CFOAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Aoyama, Yukio	
5.3 STREET ADDRESS	255 Shoreline Dr., Suite 200	
5.4 CITY-ST-ZIP	Redwood City, CA 94065	
6.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kaneshiro, Makoto	
6.3 STREET ADDRESS	255 Shoreline Dr., Suite 200	
6.4 CITY-ST-ZIP	Redwood City, CA 94065	

14. I do 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.

SIGNATURE: *SIGNATURE OF TAKAHARU UTSUNOMIYA* (650) 508-2800

CR2E034 (4/97)

**SEGA OF AMERICA, INC.
ADDITIONAL OFFICERS AND DIRECTORS
ATTACHMENT TO FLORIDA ANNUAL REPORT**

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

Name: Hayao Nakayama
Title: Director
Address: 2-12 Haneda, 1-Chome, Ohta-ku, Tokyo 144, Japan

Name: Okitane Usui
Title: Director
Address: 2-12 Haneda, 1-Chome, Ohta-ku, Tokyo 144, Japan

Name: David Rosen
Title: Director
Address: 2-12 Haneda, 1-Chome, Ohta-ku, Tokyo 144, Japan

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