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FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address Attn: Tax Dept.

26 **130 Shoreline Drive**

Suite, Apt. #, etc.

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

City & State

City & State

28 **Redwood City, CA**

Zip

Country

Zip

Country

24 **25** **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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDEC	<input type="checkbox"/> DELETE
NAME	IRIMAJIRI, SHOICHIRO	
STREET ADDRESS	2-12 HANEDA, 1-CHOME	
CITY-ST-ZIP	OHTA-KU TO	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TOYODA, SHINOBU	
STREET ADDRESS	255 SHORELINE DR.	
CITY-ST-ZIP	REDWOOD CITY CA	

TITLE	VCDD	<input type="checkbox"/> DELETE
NAME	STOLAR, BERNARD	
STREET ADDRESS	255 SHORELINE DR, STE. 200	
CITY-ST-ZIP	REDWOOD CITY CA	

TITLE	CFOA	<input checked="" type="checkbox"/> DELETE
NAME	UTSUNOMIYA, TAKAHARU	
STREET ADDRESS	255 SHORELINE DR., STE 200	
CITY-ST-ZIP	REDWOOD CITY CA	

TITLE	V	<input type="checkbox"/> DELETE
NAME	AOYAMA, YUKIO	
STREET ADDRESS	255 SHORELINE DR, STE. 200	
CITY-ST-ZIP	REDWOOD CITY CA	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	KANESHIRO, MAKOTO	
STREET ADDRESS	255 SHORELINE DR, STE. 200	
CITY-ST-ZIP	REDWOOD CITY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hayao Nakayama	
1.3 STREET ADDRESS	2-12, Haneda 1-chome	
1.4 CITY-ST-ZIP	Ohta-ku, Tokyo	

2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Isao Okawa	
2.3 STREET ADDRESS	2-12, Haneda 1-chome	
2.4 CITY-ST-ZIP	Ohta-ku, Tokyo	

3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Okitane Ugui	
3.3 STREET ADDRESS	2-12, Haneda 1-chome	
3.4 CITY-ST-ZIP	Ohta-ku, Tokyo	

4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Rosen	
4.3 STREET ADDRESS	255 Shoreline Drive, Ste. 200	
4.4 CITY-ST-ZIP	Redwood City, CA 94065	

5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Setsuo Okawa	
5.3 STREET ADDRESS	2-12, Haneda 1-chome	
5.4 CITY-ST-ZIP	Ohta-ku, Tokyo	

6.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Yukio Aoyama	
6.3 STREET ADDRESS	130 Shoreline Drive	
6.4 CITY-ST-ZIP	Redwood City, CA 94065	

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.

SIGNATURE *[Signature]* **Yukio Aoyama** **3/16/98** **(650) 508-2800**

CR2E034 (10/97)