

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90039 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000000418**

1. Corporation Name  
**SEGA OF AMERICA, INC.**



Principal Place of Business 255 SHORELINE DRIVE SUITE 200 REDWOOD CITY CA 94065 US	Mailing Address 130 SHORELINE DR ATTN: TAX DEPT REDWOOD CITY CA 94065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 650 Townsend St. Suite, Apt. #, etc. 22 Suite 650 City & State 23 San Francisco, CA Zip Country 24 94103 25 U.S.A.	2a. Mailing Address Attn: Tax Dept. 26 650 Townsend St. Suite, Apt. #, etc. 27 Suite 650 City & State 28 San Francisco, CA Zip Country 29 94103 30 U.S.A.
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3. Date Incorporated or Qualified 01/25/1995	4. FEI Number 77-0111662	Applied For 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>COEC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Chairman/CEO</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IRIMAJIRI, SHOICHIRO</b>	1.2 NAME	
STREET ADDRESS	<b>2-12 HANEDA, 1-CHOME</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OHTA-KU TO</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOYODA, SHINOBU</b>	2.2 NAME	
STREET ADDRESS	<b>255 SHORELINE DR.</b>	2.3 STREET ADDRESS	<b>650 Townsend St., Suite 650</b>
CITY-ST-ZIP	<b>REDWOOD CITY CA</b>	2.4 CITY-ST-ZIP	<b>San Francisco, CA 94103</b>
TITLE	<b>VCOO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>President/COO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOLAR, BERNARD</b>	3.2 NAME	
STREET ADDRESS	<b>255 SHORELINE DR, STE. 200</b>	3.3 STREET ADDRESS	<b>650 Townsend St., Ste. 650</b>
CITY-ST-ZIP	<b>REDWOOD CITY CA</b>	3.4 CITY-ST-ZIP	<b>San Francisco, CA 94103</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEN, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>255 SHORELINE DR, STE 200</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REDWOOD CITY CA 94065</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>CFO/Asst. Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AOYAMA, YUKIO</b>	5.2 NAME	
STREET ADDRESS	<b>255 SHORELINE DR, STE. 200</b>	5.3 STREET ADDRESS	<b>650 Townsend St., Ste. 650</b>
CITY-ST-ZIP	<b>REDWOOD CITY CA</b>	5.4 CITY-ST-ZIP	<b>San Francisco, CA 94103</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANESHIRO, MAKOTO</b>	6.2 NAME	
STREET ADDRESS	<b>255 SHORELINE DR, STE. 200</b>	6.3 STREET ADDRESS	<b>650 Townsend St., Ste. 650</b>
CITY-ST-ZIP	<b>REDWOOD CITY CA</b>	6.4 CITY-ST-ZIP	<b>San Francisco, CA 94103</b>

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED 3/15/99 (415) 701-6000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)