

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90136 016 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000004460**

1. Corporation Name  
**HITACHI CREDIT AMERICA CORP.**



Principal Place of Business Mailing Address  
 777 W. PUTNAM AVE. 777 W. PUTNAM AVE.  
 GREENWICH CT 06830 GREENWICH CT 06830

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		33-0380629	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	
24	25	29	30	\$8.75 Additional Fee Required	
				6. Election Campaign Financing <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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY RD. TALLAHASSEE FL 32311				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREW, RICHARD J	1.2 NAME	Okawa, Hidefumi
STREET ADDRESS	15 LOCUST RD.	1.3 STREET ADDRESS	one milbank Avenue # 3C
CITY-ST-ZIP	GREENWICH CT 06831	1.4 CITY-ST-ZIP	Greenwich, CT 06830
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEGENOVA, ROBERT	2.2 NAME	William Besgen
STREET ADDRESS	97 RICHARDS AVE., AA5	2.3 STREET ADDRESS	59 Pepper Lane
CITY-ST-ZIP	NORWALK CT 06854	2.4 CITY-ST-ZIP	New Canaan, CT 06840
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIORDAN, BRIAN	3.2 NAME	David Connolly
STREET ADDRESS	276 CEDARWOOD RD.	3.3 STREET ADDRESS	39 mitzi Road
CITY-ST-ZIP	STAMFORD CT 06903	3.4 CITY-ST-ZIP	Stamford, CT 06903
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/m <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDING, BARRY	4.2 NAME	Hidekazu Tanaka
STREET ADDRESS	7 MCNEIL RD.	4.3 STREET ADDRESS	260 North Street
CITY-ST-ZIP	BETHEL CT 06801	4.4 CITY-ST-ZIP	Rye, NY 10580
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOMURA, AKIHIRO	5.2 NAME	Yoshimichi Otani
STREET ADDRESS	82 GARDINER ST.	5.3 STREET ADDRESS	2-8-14 chuo, CHO
CITY-ST-ZIP	DARIEN CT 06820	5.4 CITY-ST-ZIP	Kurume -Shi, Tokyo 203 Japan
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIorentino, MARK	6.2 NAME	Masayoshi Hanabusa
STREET ADDRESS	2289 BEDFORD ST.	6.3 STREET ADDRESS	7-7 Daizawa 1-chome
CITY-ST-ZIP	STAMFORD CT 06905	6.4 CITY-ST-ZIP	Setagaya - Ko, Tokyo 155 Japan

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 information.

SIGNATURE: *David J. Connolly* **REQUIRE** *4/16/99* *203-968-1067*  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**David J. Connolly**  
 Vice President  
 Chief Financial Officer

CR2E034 (1/1/98)

F97000004460

401155-90136-16

HITACHI CREDIT AMERICA CORP.

13. Additional Officer

<u>Name &amp; Title</u>	<u>Residential Address</u>	<u>Business Address</u>
<u>Mr. Yoshiyuki Kume</u> Treasurer/Secretary	51 Forest Avenue #43 Old Greenwich, CT 06870	777 West Putnam Ave. Greenwich, CT 06830