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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
 777 W. PUTNAM AVE.
 GREENWICH CT 06830

Mailing Address
 777 W. PUTNAM AVE.
 GREENWICH CT 06830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/25/1997

4. FEI Number
33-0380629

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
**LEXIS DOCUMENT SERVICES INC.
 3953 WW KELLEY RD.
 TALLAHASSEE FL 32311**

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 _____ 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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** **Chief Financial Officer** Date: **4/16/99** Daytime Phone #: **203-968-1067**

CR2E034 (1/1/98)

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401155-90136-16

HITACHI CREDIT AMERICA CORP.

13. Additional Officer

<u>Name & 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