2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9800001886 Jun 05, 2000 8:00 am 1. Entity Name Secretary of State MATSUSHITA ELECTRIC LATIN AMERICA, INC. 06-05-2000 90041 025 ***550.00 Principal Place of Business Mailing Address 9100 S. DADELAND BLVD., SUITE 702 9100 S. DADELAND BLVD., SUITE 702 MIAMI FL 33156-7815 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business 9100 S. Dadeland Blvd. 9100 S. Dadeland Blvd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 800 800 City & State City & State 4. FEI Number Applied For 65-0823493 Not Applicable Miami, FL <u>Miami, FL</u> Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33156 33156 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PCEO** TITLE ☐ Delete TITLE NAME YOKOYAMA, YASUHIKO NAME STREET ADDRESS STREET ADDRESS 3-2, MINAMISEMBA 4-CHOME, CHUO-KU, OSAKA CITY-ST-ZIP CITY-ST-ZIP 542 JAPAN Change Addition TD Delete TITLE TITLE NAME KASAI, MISAO NAME Saturo Shibata STREET ADDRESS STREET ADDRESS 3-2, MINAMISEMBA 4-CHOME, CHUO-KU, OSAKA 3-2, Minamisemba 4-Chome, Chuo-Ku, Osaka CITY-ST-ZIP CITY-ST-ZIP 542 JAPAN 542 Japan ☐ Change ☐ Addition EVPC ___ . Delete TITLE TITLE. _ 🚤 AOIKE, ISAO NAME NAME STREET ADDRESS STREET ADDRESS 9100 S. DADELAND BLVD., SUITE 702 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** ☐ Delete TITLE ☐ Change Addition TITLE WEINGARTEN, STEPHEN C NAME NAME STREET ADDRESS STREET ADDRESS ONE PANASONIC WAY CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07094 Change ☐ Addition TITLE ☐ Delete TITLE NAME MARIN. ROBERT S NAME ONE PANASONIC WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07094 Change Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

May 26,2000

(305)670-0087

Daytime Phone #