


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90020 031 ***150.00

DOCUMENT # P04712			
1. Entity Name THE HARTZ MOUNTAIN CORPORATION			
Principal Place of Business 400 PLAZA DRIVE SECAUCUS, NJ 07094 US		Mailing Address 400 PLAZA DRIVE SECAUCUS, NJ 07094 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	

40039320



02052007 Chg-P CR2E034 (12/06)

4. FEI Number **13-1944379** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ECKER, WILLIAM			NAME			
STREET ADDRESS	400 PLAZA DR			STREET ADDRESS			
CITY-ST-ZIP	SECAUCUS, NJ 07094			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IMURA, HIROHIKO			NAME			
STREET ADDRESS	600 THIRD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10016			CITY-ST-ZIP			
TITLE	DEVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUTO, TATSUYA			NAME			
STREET ADDRESS	400 PLAZA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SECAUCUS, NJ 07094			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAKEUCHI, KAZUHIRO			NAME			
STREET ADDRESS	600 THIRD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10016			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TSUJI, YASUHIRO			NAME			
STREET ADDRESS	600 THIRD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10016			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOSHIKAWA, TAKAHIRO			NAME			
STREET ADDRESS	1-8-11, HARUMI, CHUO-KU			STREET ADDRESS			
CITY-ST-ZIP	TOKYO, JP 104-8610			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark C. Mary **3/13/07** 201-271-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #