

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

**FILED**

**Mar 04 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P11238 (3)**  
 1. Corporation Name  
**MITSUBISHI HEAVY INDUSTRIES AMERICA, INC.**



Principal Place of Business <b>630 FIFTH AVENUE, SUITE 3450 NEW YORK NY 10111</b>	Mailing Address <b>630 FIFTH AVENUE, SUITE 3450 NEW YORK NY 10111</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/25/1986</b>	
21	Suite, Apt. #, etc. <b>3155</b>	26	Suite, Apt. #, etc.	4. FEI Number <b>36-3031033</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OHRA, SEITARO</b>	1.2 NAME	
STREET ADDRESS	<b>630 FIFTH AVENUE, STE 34-50</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAKI, KENTARO</b>	2.2 NAME	
STREET ADDRESS	<b>660 NEWPORT CENTER DRIVE STE 1000</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWPORT BEACH CA</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATO, YASHINOBU</b>	3.2 NAME	
STREET ADDRESS	<b>600 CHERRY FORK AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEETONIA OH</b>	3.4 CITY-ST-ZIP	
TITLE	SO <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARADA, YOICHIRO</b>	4.2 NAME	<b>Mr. Yoshihiro Shira-hama</b>
STREET ADDRESS	<b>630 FIFTH AVE STE 3450</b>	4.3 STREET ADDRESS	<b>630 Fifth Avenue, Ste 3450</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	<b>New York, NY 10111</b>
TITLE	TO <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOSHIDA, MICHINASA</b>	5.2 NAME	
STREET ADDRESS	<b>630 FIFTH AVE STE 3450</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELLER, JOHN L</b>	6.2 NAME	
STREET ADDRESS	<b>13485 SPENCERVILLE ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENN VALLEY CA</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **YOICHIRO HARADA** 1/18/98 212-397-6130