

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

0617628 AT

04-21-2003 90307 043 ***150.00

DOCUMENT # P11238



1. Entity Name
MITSUBISHI HEAVY INDUSTRIES AMERICA, INC.

Principal Place of Business
**630 FIFTH AVENUE
SUITE 3155
NEW YORK NY 10111
US**

Mailing Address
**630 FIFTH AVENUE
SUITE 3155
NEW YORK NY 10111
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3031033**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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
NAME	EGAWA, HIDEO	
STREET ADDRESS	630 FIFTH AVENUE, STE 3155	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOMURA, HIDEKUNI	
STREET ADDRESS	11204 MCCORMICK RD	
CITY-ST-ZIP	HUNT VALLEY MD 21031	
TITLE	VD	<input type="checkbox"/> Delete
NAME	UTAKA, MASAOKI	
STREET ADDRESS	1250 GREENBRIAR DR	
CITY-ST-ZIP	ADDISON IL 60101	
TITLE	TO	<input type="checkbox"/> Delete
NAME	HATTORI, KENSUKE	
STREET ADDRESS	630 FIFTH AVE SUITE 3155	
CITY-ST-ZIP	NEW YORK NY 10111	
TITLE	SO	<input type="checkbox"/> Delete
NAME	YAMAMOTO, HIROAKI	
STREET ADDRESS	630 FIFTH AVENUE, STE 3155	
CITY-ST-ZIP	NEW YORK NY 10111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **Hiroaki Yamamoto** 4/8/03 969-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)