

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34088

(5)

1. Corporation Name

mitsui O.S.K. LINES AMERICA INC.

Principal Place of Business

HARBORSIDE FINANCIAL CENTER
PLAZA III
JERSEY CITY NJ 07311

Mailing Address

HARBORSIDE FINANCIAL CENTER
PLAZA III
JERSEY CITY NJ 07311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1991

3a. Date of Last Report

07/14/1994

4. FEI Number

13-3351754

Applied For

Not Applicable

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 has liability for intangible tax under S. 190.033

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 Suite/Apt. #, etc
601

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite/Apt. #, etc
601

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

(Signature, printed or printed name of registered agent and the corporation)

(Signature, printed or printed name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KAMADA, M.
STREET ADDRESS	HARBORSIDE FIN'L CTR.
CITY, ST, ZIP	JERSEY CITY NJ 07311
TITLE	SVP
NAME	TERAMOTO, AKIHIKO
STREET ADDRESS	HARBORSIDE FINANCIAL CTR.
CITY, ST, ZIP	JERSEY CITY NJ
TITLE	SVP
NAME	SCHOENHAUS, STEPHEN
STREET ADDRESS	HARBORSIDE FIN'L CTR.
CITY, ST, ZIP	JERSEY CITY NJ
TITLE	DC
NAME	IKUTA, MASAHARU
STREET ADDRESS	HARBORSIDE FIN'L CTR.
CITY, ST, ZIP	JERSEY CITY NJ 07311
TITLE	S
NAME	LUZZATTO, ERNESTO
STREET ADDRESS	14 WALL ST.
CITY, ST, ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and correct and equally for the exceptions stated in Section 130.01(1)(b), Florida Statutes. I further certify that the information included 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:

Stephen H. Schoenhaus

Stephen Schoenhaus

4/27/95

201/200-5344

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Signature Number