

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000225 AV

DOCUMENT # **F00000006582**

1. Entity Name  
**SONY AMERICAS HOLDING INC.**

*10/2*  
**FILED**

**02 AUG 21 PM 12:24**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>550 MADISON AVENUE, 35TH FLOOR NEW YORK NY 10022</b>	Mailing Address <b>ATTN: MICHELE PENARANDA 550 MADISON AVENUE, 9TH FLOOR NEW YORK NY 10022</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>95-4750499</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ONEDA, NOBOYUKI 1 SONY DRIVE PARK RIDGE NJ 07656</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HALBY, KAREN L 555 MADISON AVENUE NEW YORK NY 10022</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KOBER, STEVEN E 550 MADISON AVENUE NEW YORK NY 10022</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD TOKUNAKA, TERUHISA 6-7-35 KITASHINAGAWA SHINAGAWA-KU, JAPAN 141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ARIKAWA, MASAKAZU 6-7-35 KITASHINAGAWA SHINAGAWA-KU, JAPAN 141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROTH, STEPHANIE H 555 MADISON AVENUE NEW YORK NY 10022</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700007250707--5</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Karen L. Halby 555 Madison Avenue NY NY 10022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SVP Steven E. Kober 550 Madison Avenue NY NY 10022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>EVP + S Nicole Seligman 550 Madison Avenue NY NY 10022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 

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 an address, with all other like empowered.

SIGNATURE: *Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/14/02** Daytime Phone #: **212-833-7796**

CR2E034 (4/02)



*Zalr*

ACCOUNT NO. : 072100000032  
REFERENCE : 713128 4377650  
AUTHORIZATION : *Patricia Pizit*  
COST LIMIT : \$ 550.00

ORDER DATE : August 20, 2002  
ORDER TIME : 10:28 AM  
ORDER NO. : 713128-005  
CUSTOMER NO: 4377650  
CUSTOMER: Michele Penaranda, Legal Asst  
Sony Corporation Of America  
550 Madison Avenue  
New York, NY 10022

ANNUAL REPORT FILING

NAME: SONY AMERICAS HOLDING INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS:

RECEIVED  
02 AUG 21 AM 11:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA