

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Page 1 of 2

DOCUMENT # F00000006582

1. Entity Name

SONY AMERICAS HOLDING INC.



FILED

04 MAR -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

550 MADISON AVENUE, 35TH FLOOR
NEW YORK NY 10022

Mailing Address

ATTN: MICHELE PENARANDA
550 MADISON AVENUE, 9TH FLOOR
NEW YORK NY 10022

2. Principal Place of Business

3. Mailing Address

c/o SCA Legal 550 Madison Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27th Floor

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10022

USA

MOORE

CR2E034 (11/03)

4. FEI Number

95-4750499

Applied For
Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 ☐ Delete
NAME SAITO, TADASHI
STREET ADDRESS 1 SONY DRIVE
CITY-ST-ZIP PARK RIDGE NJ 07656

TITLE Executive Vice Pres./S ☐ Change ☒ Addition
NAME Selligman, Nicole K.
STREET ADDRESS 550 Madison Avenue
CITY-ST-ZIP New York, NY 10022

TITLE SVP ☐ Delete
NAME HALBY, KAREN L
STREET ADDRESS 555 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022

TITLE Mary Jo Green ☐ Change ☒ Addition
NAME Senior Vice President, Treasury
STREET ADDRESS 550 Madison Avenue
CITY-ST-ZIP New York, NY 10022

TITLE SVP ☐ Delete
NAME KOBER, STEVEN E
STREET ADDRESS 550 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME TOKUNAKA, TERUHIKA
STREET ADDRESS 6-7-35 KITASHINAGAWA
CITY-ST-ZIP SHINAGAWA-KU, JAPAN 141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ARIKAWA, MASAKAZU
STREET ADDRESS 6-7-35 KITASHINAGAWA
CITY-ST-ZIP SHINAGAWA-KU, JAPAN 141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ROTH, STEPHANIE H
STREET ADDRESS 555 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ 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:

Steven E. Kober

Steven E. Kober

Steven E. Kober

2-26-04

212-833-4625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY™

Page 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 463041 4377650

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 150.00

ORDER DATE : February 27, 2004

ORDER TIME : 10:05 AM

ORDER NO. : 463041-005

CUSTOMER NO: 4377650

CUSTOMER: Ms. Meredith S. Hagen
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: Kimberly Moret - Ext. 2949

EXAMINER'S INITIALS: _____

RECEIVED
04 MAR - 1 PM 1:10
DIVISION OF CORPORATION