

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 818588**

1. Entity Name  
**AMERICAN HONDA MOTOR CO INC**



Principal Place of Business  
**1919 TORRANCE BLVD  
TORRANCE, CA 90501 US**

Mailing Address  
**1919 TORRANCE BLVD  
TORRANCE, CA 90501 US**



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-2041006**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 re-stating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
KONDO, KOICHI  
1919 TORRANCE BLVD  
TORRANCE, CA 905012746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVPD  
RICHARD COLLIVER  
1919 TORRANCE BLVD  
TORRANCE, CA 90501**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVPD  
ELLIOTT, THOMAS  
1919 TORRANCE BLVD  
TORRANCE, CA 90501**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVPD  
HALE, CHESTER  
1919 TORRANCE BLVD  
TORRANCE, CA 905012746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVPD  
TAKEMURA, HIDEO  
1919 TORRANCE BLVD  
TORRANCE, CA 90501**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HIRASHIMA, KOKI  
24000 HONDA PKWY  
MARYSVILLE, OH 43040**

**DO NOT WRITE  
IN THIS SPACE**

U00000360424  
05/05/05-80029-023 150.00

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: X** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 26 2005**

**310-783-2000**

Date

Daytime Phone #