

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006582

Entity Name: SONY AMERICAS HOLDING INC.**Current Principal Place of Business:**25 MADISON AVENUE
NEW YORK, NY 10010**Current Mailing Address:**25 MADISON AVENUE
C/O SCA LEGAL, 26TH FLOOR
NEW YORK, NY 10010 US**FEI Number:** 95-4750499**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SVP
Name	SCARPACI, THOMAS
Address	25 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10010
Title	PRESIDENT, DIRECTOR
Name	KHALIL, MARK
Address	25 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10010
Title	EXECUTIVE VICE PRESIDENT
Name	HALBY, KAREN L
Address	25 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10010
Title	SENIOR VICE PRESIDENT
Name	NISHIMURA, FUMITAKA
Address	25 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10010

Title	VP
Name	BOEHM, TIMOTHY
Address	25 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10010
Title	ASST. TREASURER
Name	QUARTAROLO, SUSAN
Address	25 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10010
Title	VP, TREASURER
Name	SAI, TAKUMI
Address	10202 W. WASHINGTON BLVD
City-State-Zip:	CULVER CITY CA 90232
Title	SENIOR VICE PRESIDENT, SECRETARY
Name	KIM, PETER
Address	25 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10010

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK E. KHALIL**PRESIDENT****06/09/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MATSUOKA, NAOMI
Address	25 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10010