

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000004460

**Entity Name:** MITSUBISHI HC CAPITAL AMERICA, INC.

**FILED**  
**Apr 26, 2022**  
**Secretary of State**  
**0940919464CC**

**Current Principal Place of Business:**

800 CONNECTICUT AVENUE  
NORWALK, CT 06854

**Current Mailing Address:**

800 CONNECTICUT AVENUE  
NORWALK, CT 06854 US

**FEI Number:** 33-0380629

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            TEAL, JIM  
Address        800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title            DIRECTOR, PRESIDENT, CHIEF  
                  OPERATING OFFICER  
Name            COLLISON, RYAN  
Address        800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title            SECRETARY, GENERAL COUNSEL  
Name            HIRAI, DOUG  
Address        800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title            SENIOR VICE PRESIDENT, CHIEF  
                  FINANCIAL OFFICER  
Name            PAGLIARO, VALERIE  
Address        800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title            DIRECTOR  
Name            MANABE, KEIJI  
Address        800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title            PRESIDENT  
Name            SEMANCO, MIKE  
Address        800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title            PRESIDENT  
Name            STEMLER, PAUL  
Address        800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title            DIRECTOR  
Name            GORDON, ROBERT  
Address        800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

*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: ROBERT GORDON**

**DIRECTOR**

**04/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date