

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000004460

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC5998739216**

**Entity Name:** HITACHI CAPITAL AMERICA CORP.

**Current Principal Place of Business:**

800 CONNECTICUT AVE  
NORWALK, CT 06854

**Current Mailing Address:**

800 CONNECTICUT AVE  
NORWALK, CT 06854

**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, DIRECTOR  
Name            BESGEN, WILLIAM H  
Address         800 CONNECTICUT AVE  
City-State-Zip: NORWALK CT 06854

Title            DCEO  
Name            KUME, YOSHIYUKI  
Address         800 CONNECTICUT AVE  
City-State-Zip: NORWALK CT 06854

Title            TSVP  
Name            TASHIRO, SATOSHI  
Address         800 CONNECTICUT AVE  
City-State-Zip: NORWALK CT 06854

Title            CFO  
Name            HATFIELD, TERRY  
Address         800 CONNECTICUT AVE  
City-State-Zip: NORWALK CT 06854

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

Title            SVP, GM  
Name            OTTO, ROBERT  
Address         800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title            SVP  
Name            COLLISON, RYAN  
Address         800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title            VP  
Name            CROSS, TOM  
Address         800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

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*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:** SATOSHI TASHIRO

**SECRETARY**

**04/30/2015**

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title VP  
Name COOK, CHRISTOPHER  
Address 800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title VP  
Name KOVAC, SIOBHAN P.  
Address 800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title VP  
Name GIAIMO, JIM  
Address 800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title VP  
Name LINK, DONALD  
Address 800 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854