

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 824831

(2)

1. Corporation Name

SONY CORPORATION OF AMERICA

Principal Place of Business

**9 W 57 STREET
NEW YORK NY 10019**

Mailing Address

**9 W 57 STREET
NEW YORK NY 10019**

300001526583

-06/29/95--01014--018

******200.00 ****200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1970

3a. Date of Last Report

05/01/1994

4. FBI Number

13-1814734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SVPs
NAME	NEES, KENNETH L.
STREET ADDRESS	9 W 57 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	OHGA, N
STREET ADDRESS	9 W 57 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	SCHULHOF, M
STREET ADDRESS	9 W 57 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	IWAKI, KEN
STREET ADDRESS	9 W 57 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	MORITA, A
STREET ADDRESS	9 W 57 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	SVP
NAME	MARINUS N. HENNY
STREET ADDRESS	9 W 57 STREET
CITY - ST - ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

ROBERT MOSES - VP

05/22/95

DATE