SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **824831** **(2)**

1. Corporation Name
SONY CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
9 W 57 STREET NEW YORK NY 10019	9 W 57 STREET NEW YORK NY 10019

3. Date Incorporated or Qualified: 07/20/1970
3a. Date of Last Report: 05/01/1995
4. FEI Number: 13-1914734 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 550 Madison Avenue	26 555 Madison Ave.
22 Suite, Apt. #, etc.	27 Tax Dept. 8th Floor
23 City & State: New York, NY	28 City & State: New York, NY
24 Zip: 10022 25 Country: USA	29 Zip: 10022 30 Country: USA

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTH EAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

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, type or print name of the registered agent, and title if applicable) (NOTE: Registered Agent signature required when new name added) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SVPS	☐ DELETE	11 TITLE		☑ Change ☐ Addition
NAME	NEES, KENNETH L		12 NAME		
STREET ADDRESS	9 W.57 STREET		13 STREET ADDRESS	550 Madison Ave	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP	NY, NY 10022	
TITLE	D	☐ DELETE	21 TITLE		☑ Change ☐ Addition
NAME	OHGA, N		22 NAME		
STREET ADDRESS	9 W 57 STREET		23 STREET ADDRESS	550 Madison Ave	
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP	NY, NY 10022	
TITLE	D	☑ DELETE	31 TITLE	Director	☐ Change ☑ Addition
NAME	SCHULHOF, M		32 NAME	IDEI, NOBUYUKI	
STREET ADDRESS	9 W 57 STREET		33 STREET ADDRESS	550 Madison Ave.	
CITY-ST-ZIP	NEW YORK NY		34 CITY-ST-ZIP	NY, NY 10022	
TITLE	D	☑ DELETE	41 TITLE	Director	☐ Change ☑ Addition
NAME	IWAKI, KEN		42 NAME	IBA, TAMOTSU	
STREET ADDRESS	9 W 57 STREET		43 STREET ADDRESS	550 Madison Ave.	
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP	NY, NY 10022	
TITLE	D	☑ DELETE	51 TITLE	Director	☐ Change ☑ Addition
NAME	MORITA, A		52 NAME	Burak, N. Paul	
STREET ADDRESS	9 W 57 STREET		53 STREET ADDRESS	550 Madison Ave.	
CITY-ST-ZIP	NEW YORK NY		54 CITY-ST-ZIP	NY, NY 10022	
TITLE	SVP	☐ DELETE	61 TITLE		☑ Change ☐ Addition
NAME	MARINUS N. HENNY		62 NAME		
STREET ADDRESS	9 W 57 STREET		63 STREET ADDRESS	550 Madison Ave	
CITY-ST-ZIP	NEW YORK NY		64 CITY-ST-ZIP	NY, NY 10022	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Moses 6/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)