PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



Sandra B. Mortham

Sccretary of State DIVISION OF CORPORATIONS

DOCUMENT # 824831

1. Corporation Name
SONY CORPORATION OF AMERICA

NEW YORK NY 10022

(2)

Mailing Address

Apr 29 1997 8:00am Secretary of State



550 MADISON AVENUE NEW YORK NY 10022			555 MADISON AVE TAX DEPT 8TH FLOOR NEW YORK NY 10022-3301							
							3. Date Incorporated or Qualified 07/20/1970	3a. Da 07/	te of Last R 17/1996	leport
	I Place of Busin	ness	2a. Mailing Address			4. FEI Number 13-1914734		<u> </u>	oplied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10 1317107			ot Applicable	
22 City & Si	pt. #, etc.		27			5. Certificate of Status Desired		4	Additional equired	
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be	
23			28			Trust Fund Contribution			to Fees	
Zip	Zíp Country		Zip Coi				8. This corporation has liability for	intangible	tax under s	. 199.032,
24		25	29	30				Yes [
			ent Registered Agent				10. Name and Address of New Re	gistered /	Agent	
		ORATE SERVICES,	ING.		81	Name				
		ast 167th Street		ł	82	Street Ad	Idress (P.O. Box Number is Not Acceptab	ıle)		
SUITE 300				on out / tour						
N	iorth Miami	BEACH FL 33162			83					
					84	City		r= 1	85 Zip	Code
-33 5								<u>FL</u>		
office o	ant to the provis or registered ag	ions of Sections 607.05 jont, or both, in the Sta	te of Florida. Such change wa	itutes, the at	ove d by	named co the corpo	orporation submits this statement for the pration's board of directors. I hereby acceptation's	ourpose of of the app	changing it ointment as	ts registered registered
		an, and accept the obt	gations or, section 607.0505,	riolida Stat	utes					
SIGNATUR	Signature, typed	or printed name of registered a	goot and the if approable (f	NOTE Registered	d Age	nt signature rec	quired when reinstating]	DATE		
12.	~~~	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	3S IN 12
TITLE	SVPS	CAINICTAL A	☐ DELETE	11 10	LE				☐ Change	Addition
NAME		ENNETH L		12 NA	ME					
STREET ADDRES		SON AVE		13.81	REET	ADDRESS				
CITY-ST-ZIP		RK NY 10022		14 CI	TY-S	T - 7IP				
TITLE	D	•	☐ DELETE	2 i Tii	ILF				Change	Addition
NAME	OHGA, N			2.2 NA	ME					
STREET ADDRES		NSON AVE		2.8 ST	HEE1	ADDRESS				
CITY-ST-ZIP	1 -	RK NY 10022		2.4 C	HY-S	1 - ZIP				
TITLE	D	14 IDF1	DELETE	3.1 TII	TL E			-	Change	Addition
NAME	NOBUYU			3.2 NA	ME	ĺ				
STREET ADDRES	550 MADISON AVE		3.5 STREET ADI		ADDRESS					
CITY-ST-ZIP	1 11	RK NY 10022		3.4. CI	ITY-S	T - ZiP				
TITLE	D		DELFTE	4.1 TIT	LE				Change	Addition
NAME	TAMOTS			4. 2 N	AME					
STREET ADDRES		NSON AVE		4.3 S1	REET	ADDRESS				
CITY-ST-ZIP		RK NY 10022		4.4 CI	TY-S	T-ZIP				
TITLE	D		☐ DELETE	5.1 111	5.1 MILE				Change	Addition
NAME	BURAK,			5.2 NA	MŁ	1				
STREET ADDRES		NSON AVE		5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP		RK NY 10022		5 4 CI	TY-S	1-7IP				
TITLE	SVP		DELETE	6.1 TIT					☐ Change	Addition
NAME		S N. HENNY		6.2 NA	AME.		·			
STREET ADDRES	_{ss} 550 ma [ava nosk		6.3 \$1	REEF	ADDHESS				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name