

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90072 050 ***150.00

DOCUMENT # 824831

1. Corporation Name
SONY CORPORATION OF AMERICA

Principal Place of Business

**550 MADISON AVENUE
NEW YORK NY 10022**

Mailing Address

**555 MADISON AVE
TAX DEPT 8TH FLOOR
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1970

4. FEI Number

13-1914734

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 550 Madison Ave.

27 Suite, Apt. #, etc.
c/o Yukio Ozawa

22 City & State

28 City & State

New York, NY

23 Zip

Country

29 Zip

Country

10022

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SVPS** ☐ DELETE
NAME **NEES, KENNETH L**
STREET ADDRESS **550 MADISON AVE**
CITY-ST-ZIP **NEW YORK NY 10022**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **OHGA, N**
STREET ADDRESS **550 MADISON AVE**
CITY-ST-ZIP **NEW YORK NY 10022**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NOBUYUKI, IDEI**
STREET ADDRESS **550 MADISON AVE**
CITY-ST-ZIP **NEW YORK NY 10022**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TAMOTSU, IBA**
STREET ADDRESS **550 MADISON AVE**
CITY-ST-ZIP **NEW YORK NY 10022**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BURAK, PAUL H**
STREET ADDRESS **575 MADISON AVE**
CITY-ST-ZIP **NEW YORK NY 10022**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **EVPC** ☐ DELETE
NAME **MARINUS N. HENNY**
STREET ADDRESS **550 MADISON AVE**
CITY-ST-ZIP **NEW YORK NY 10022**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99
Date

(212) 833-7796
Daytime Phone #

CR2E034 (11/98)