

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  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90008 013 \*\*\*150.00

DOCUMENT # 832211

1. Corporation Name

mitsui & co. (U.S.A.), INC.

Principal Place of Business

200 PARK AVENUE  
NEW YORK NY 10166

Mailing Address

200 PARK AVENUE  
NEW YORK NY 10166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1974

4. FEI Number

13-2559853

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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	VTD	<input type="checkbox"/> DELETE
NAME	IMAI, KAZUYA	
STREET ADDRESS	100 FOX MEADOW ROAD	
CITY-STATE-ZIP	SCARSDALE NY 10583	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	YOSHIDA, HARUHIKO	
STREET ADDRESS	108 LAKESHORE DRIVE	
CITY-STATE-ZIP	EASTCHESTER NY 10708	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FURUHATA, MASAYOSHI	
STREET ADDRESS	44 TISDALE ROAD	
CITY-STATE-ZIP	SCARSDALE NY 10583	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HIRABAYASHI, SHINICHI	
STREET ADDRESS	129 BERRIAN ROAD	
CITY-STATE-ZIP	STAMFORD CT 06905	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HAYAKAWA, HIDEYO	
STREET ADDRESS	6 EAST PARKWAY, APT 6B	
CITY-STATE-ZIP	SCARSDALE NY 10583	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GETZ, ALAN	
STREET ADDRESS	15 WILLIAMSBURG COURT	
CITY-STATE-ZIP	E. BRUNSWICK NJ 08816	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sasahira, Toshihiko	
1.3 STREET ADDRESS	117 E. 57th Street	
1.4 CITY-STATE-ZIP	New York, NY 10022	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ueda, Toichi	
2.3 STREET ADDRESS	33 Gregory Road	
2.4 CITY-STATE-ZIP	Cos Cob, CT 06807	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Shimizu, Shinjiro	
3.3 STREET ADDRESS	425 E. 58th Street	
3.4 CITY-STATE-ZIP	New York, NY 10022	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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

4/20/99

Date

(212) 878-4000

Daytime Phone #

CR2E034 (11/98)

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