

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832211

1. Entity Name

MITSUBI & CO. (U.S.A.), INC.

Principal Place of Business

Mailing Address

200 PARK AVENUE
NEW YORK NY 10166

200 PARK AVENUE
NEW YORK NY 10166-0005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2559853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD ☐ Delete
NAME IMAI, KAZUYA
STREET ADDRESS 100 FOX MEADOW ROAD
CITY-ST-ZIP SCARSDALE NY 10583

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SASAHIRA, TOSHIHIKO
STREET ADDRESS 117 E 57TH STREET
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME TEDA, TOICHI
STREET ADDRESS 33 GREGORY ROAD
CITY-ST-ZIP COS COB CT 06807

TITLE ☒ Change ☐ Addition
NAME Teda, Toichi
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME HIRABAYASHI, SHINICHI
STREET ADDRESS 129 BERRIAN ROAD
CITY-ST-ZIP STAMFORD CT 06905

TITLE ☐ Change ☒ Addition
NAME EVP and Director
STREET ADDRESS Sunami, Takao
CITY-ST-ZIP 108 Lakeshore Drive
Eastchester, NY 10709

TITLE PD ☐ Delete
NAME SHIMIZU, SHINJIRO
STREET ADDRESS 425 E 58TH STREET
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME GETZ, ALAN
STREET ADDRESS 15 WILLIAMSBURG COURT
CITY-ST-ZIP E. BRUNSWICK NJ 08816

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

212-878-4000

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90148 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)