


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90432 025 ***150.00

DOCUMENT # 834677 1. Entity Name ITOCHU INTERNATIONAL INC.					
Principal Place of Business 335 MADISON AVENUE NEW YORK, NY 10017			Mailing Address 335 MADISON AVENUE NEW YORK, NY 10017		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-1850807	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYES ST. STE. 105 TALLAHASSEE, FL 32301				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OKUMURA, TAKESHI 335 MADISON AVENUE NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, Treasurer & CFO Okumura, Takeshi 335 Madison Avenue, New York, NY 10017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO OKUDA, YOICHI 335 MADISON AVENUE NEW YORK, NY 10017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO & Directors Kitamura, Hiroshi 335 Madison Avenue New York, NY 10017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORWITZ, ELLIS A 335 MADISON AVENUE NEW YORK, NY 10017		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCAO OGINO, YOSHI MASA 335 MADISON AVENUE NEW YORK, NY 10017		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>T. Okumura</u> T. Okumura, CFO & Treasurer 4/23/04 212-818-8133 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					