

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839501

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** YAMAHA MOTOR CORPORATION, U.S.A.

**Current Principal Place of Business:**

6555 KATELLA AVENUE  
CYPRESS, CA 90630

**New Principal Place of Business:**

**Current Mailing Address:**

6555 KATELLA AVENUE  
CYPRESS, CA 90630

**New Mailing Address:**

**FEI Number:** 95-3069495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE PRENTICE -HALL CORPORATION SYSTEM, INC  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ADACHI, MASATO  
Address: 6555 KATELLA AVE  
City-St-Zip: CYPRESS, CA 90630

Title: SEC  
Name: GRBIC, MIKE  
Address: 6555 KATELLA AVE  
City-St-Zip: CYPRESS, CA 90630

Title: P  
Name: MASATO, ADACHI  
Address: 6555 KATELLA AVE.  
City-St-Zip: CYPRESS, CA 90630

Title: VP  
Name: BREENE, PATRICK  
Address: 6555 KATELLA AVE  
City-St-Zip: CYPRESS, CA 90630

Title: AT  
Name: RUIZ, KIM  
Address: 6555 KATELLA AVE  
City-St-Zip: CYPRESS, CA 90630

Title: VP  
Name: MCNEAL, DENNIS  
Address: 6555 KATELLA AVE.  
City-St-Zip: CYPRESS, CA 90630

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM RUIZ

AT

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date