2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# 850684

Entity Name: NIPPON EXPRESS U.S.A., INC.

Current Principal Place of Business:

590 MADISON AVE
SUITE 2401
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

590 MADISON AVE
SUITE 2401
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 13-1971441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HASHIMOTO, TADAAKI
Address: 590 MADISON AVENUE, SUITE 2401
City-St-Zip: NEW YORK, NY 10022

Title: T ( ) Delete
Name: KAZUHIRO, ONO
Address: 590 MADISON AVENUE, SUITE 2041
City-St-Zip: NEW YORK, NY 10022

Title: SD ( ) Delete
Name: SCOTT, DAVID W
Address: 66 BRIARWOOD LANE
City-St-Zip: STAMFORD, CT 06903

Title: AS ( ) Delete
Name: MASAKI, TOZAWA
Address: 590 MADISON AVENUE STE 2401
City-St-Zip: NEW YORK, NY 10022

Title: VGC ( ) Delete
Name: TEMPLE, EDWARD S
Address: 590 MADISON AVE STE 2401
City-St-Zip: NEW YORK, NY 10022

Title: VGM ( ) Delete
Name: KIYOTOSHI, MITSUNAGA
Address: 590 MADISON AVENUE STE 2401
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SENDA, KENRYO
Address: 590 MADISON AVENUE, SUITE 2401
City-St-Zip: NEW YORK, NY 10022

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CELIA SARABJEET GBA 05/06/2008

Electronic Signature of Signing Officer or Director Date