


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90039 015 ***150.00

DOCUMENT # 850857 1. Entity Name SUMITOMO CORPORATION OF AMERICA					
Principal Place of Business 600 THIRD AVE NEW YORK, NY 10016-2001			Mailing Address 600 THIRD AVE NEW YORK, NY 10016-2001		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07032007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 13-5612163	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Street Address (P.O. Box Number is Not Acceptable)	
DATE _____				City	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DCEO KATO, SUSUMO <input checked="" type="checkbox"/> Delete 600 THIRD AVE. NEW YORK, NY 10016			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DCFO FUJIMOTO, KUNIO <input type="checkbox"/> Delete 600 THIRD AVE. NEW YORK, NY 10016			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SVP SHIBUYA, TOSHIFUMI <input type="checkbox"/> Delete 600 THIRD AVE. NEW YORK, NY 10016			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DSVF TSUJI, YHASUHIRO <input type="checkbox"/> Delete 600 THIRD AVE. NEW YORK, NY 10016			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DCEO SHINAGAWA, MICHIHISA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 600 Third Avenue New York, NY 10016			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Toshifumi Shibuya, Senior Vice President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					