2008 FOR PROFIT CORPORATION

Jan 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT #850857** 1. Entity Name SUMITOMO CORPORATION OF AMERICA Principal Place of Business Mailing Address **600 THIRD AVE 600 THIRD AVE** NEW YORK, NY 10016-2001 NEW YORK, NY 10016-2001 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-5612163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000803061 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/05/08-80008-020 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DCFO TITLE SHINAGAWA, MICHIHISA NAME STREET ADDRESS 600 THIRD AVE. CITY-ST-ZIP NEW YORK, NY 10016 TITLE DOFO NAME FUJIMOTO, KUNIO STREET ADDRESS 600 THIRD AVE. CITY-ST-2IP NEW YORK, NY 10016 TITLE SHIBUYA, TOSHIFUMI NAME STREET ADDRESS 600 THIRD AVE. DO NOT WRITE CITY-ST-ZIP NEW YORK, NY 10016 TITLE IN THIS SPACE TSUJI, YHASUHIRO NAME STREET ADDRESS 600 THIRD AVE. NEW YORK, NY 10016

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.

NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

FILED