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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

75 APR 18 PM 4:44

DOCUMENT # **851803** (7)

1. Corporation Name
MARUBENI AMERICA CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 450 LEXINGTON AVE 35TH FLOOR ATTN TAX DEPT NEW YORK NY 10017-3904 US		Mailing Address 450 LEXINGTON AVE 35TH FLOOR ATTN TAX DEPT NEW YORK NY 10017-3904 US		3. Date Incorporated or Qualified 02/09/1982	3a. Date of Last Report 04/26/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 13-5643190		Applied For Not Applicable	
Suite Apt # etc 22	Suite Apt #, etc 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Zip 25	Zip 29	Quantity 30	8. This corporation has liability for intangible tax under § 199.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CD WATANABE, HARURO 15 WEST 53RD STREET NEW YORK NY	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	P/D Mizuno, Masaru 415 East 54th Street New York, NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD MIZUNO, MASARU 415 EAST 54TH STREET NEW YORK NY	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	VP Ishimaru, Yuichi 450 Lexington Avenue New York, NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V ANABUKI, HIROYUKI 1300 N. LAKE SHORE DR. CHICAGO IL	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VCFD SHINICHIRO, ICHISAKA 50 E HARTSDALE AVE NEW YORK NY	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	VCFD Sakamoto, Kazuhiko 450 Lexington Avenue New York, NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V MATSUURA, Y 450 LEXINGTON AVE HOUSTON TX	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V WATANABE, S 450 LEXINGTON AVE NEW YORK NY	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. Watanabe S. Watanabe, Vice President 4/5/95 (212) 450-0230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR