

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 851803 (7)

1. Corporation Name

MARUBENI AMERICA CORPORATION



Principal Place of Business

Mailing Address

450 LEXINGTON AVE
35TH FLOOR ATTN TAX DEPT
NEW YORK NY 10017-3904
US

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

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

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4. FEI Number

13-5643190

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature of the person who is the registered agent and the corporation

(If the Registered Agent signature is required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MIZUNO, MASARU
STREET ADDRESS 415 EAST 54TH STREET
CITY-ST-ZIP NEW YORK NY

X DELETE

TITLE PD
NAME ISHIMARU, YUICHIQ
STREET ADDRESS 450 LEXINGTON AVE.
CITY-ST-ZIP NEW YORK NY

DELETE

TITLE V
NAME ANABUKI, HIROYUKI
STREET ADDRESS 1300 N. LAKE SHORE DR.
CITY-ST-ZIP CHICAGO IL

X DELETE

TITLE VCFD
NAME SAKAMOTO, KAZUHIKO
STREET ADDRESS 450 LEXINGTON AVE.
CITY-ST-ZIP NEW YORK NY

DELETE

TITLE V
NAME MATSUURA, Y
STREET ADDRESS 450 LEXINGTON AVE
CITY-ST-ZIP HOUSTON TX

DELETE

TITLE V
NAME WATANABE, S
STREET ADDRESS 450 LEXINGTON AVE
CITY-ST-ZIP NEW YORK NY

X DELETE

11 TITLE President & CEO
12 NAME Katsuo Koh
13 STREET ADDRESS 450 Lexington Avenue
14 CITY-ST-ZIP New York, NY

Change Addition

21 TITLE Executive Vice Pres.
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

X Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

41 TITLE Senior Vice President &
42 NAME CACFO
43 STREET ADDRESS
44 CITY-ST-ZIP

X Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

61 TITLE Asst. Vice President
62 NAME Eric B. Andrew
63 STREET ADDRESS 450 Lexington Avenue
64 CITY-ST-ZIP New York, NY

Change 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 indicated 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 empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eric B. Andrew, Asst. V.P.

Eric B. Andrew, Asst. V.P.

Date

6/1/96

Signature Photo #

(212) 450-0230

CR2E034 (3/96)