

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851803 (7)
 1. Corporation Name
MARUBENI AMERICA CORPORATION



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 10017-3911 US
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3. Date Incorporated or Qualified 02/09/1982	3a. Date of Last Report 07/03/1996
4. FEI Number 13-5643190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 85. Zip Code FL
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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 _____
Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOH, KATSUO	1.2 NAME	
STREET ADDRESS	450 LEXINGTON AVENUE	1.3 STREET ADDRESS	450 Lexington Avenue
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISHIMARU, YUICHIQ	2.2 NAME	Ishimaru, Yuichi
STREET ADDRESS	450 LEXINGTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANABUKI, HIROYUKI	3.2 NAME	
STREET ADDRESS	1300 N. LAKE SHORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKAMOTO, KAZUHIKO	4.2 NAME	
STREET ADDRESS	450 LEXINGTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSUURA, Y	5.2 NAME	Senior Vice President
STREET ADDRESS	450 LEXINGTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	New York, NY
TITLE	AVP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW, ERIC B	6.2 NAME	Vice President
STREET ADDRESS	450 LEXINGTON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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 **Eric B. Andrew, Vice President 1/9/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **(212)450-0230** 0003904

CR2E034 (9/96)