

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 10017-3304 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 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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