

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90567 009 ***150.00

DOCUMENT # 851803

1. Entity 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 10017-3904
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-5643190**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOH, KATSUO	
STREET ADDRESS	450 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	VANDORN, JOE	
STREET ADDRESS	450 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	SHINICHI SAITO	
STREET ADDRESS	450 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	MASAZUMI HASEGAWA	
STREET ADDRESS	450 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDREW, ERIC B	
STREET ADDRESS	450 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORITSUGU WATANABE	
STREET ADDRESS	450 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	EVP & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASARU FUNAI	
STREET ADDRESS	450 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: **(212) 450-0230**

CR2E034 (10/00)