


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90010 039 ***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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 13-5643190	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SAKAMOTO, KAZUHIKO 450 LEXINGTON AVE. NEW YORK NY 10017	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SAITO, MASAMI 450 LEXINGTON AVE. NEW YORK NY 10017	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ONODERA, HIROTAKA 450 LEXINGTON AVE. NEW YORK NY 10017	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP NISHIMI, TORU 450 LEXINGTON AVE NEW YORK NY 10017	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BARNETT, JEROME S 450 LEXINGTON AVE NEW YORK NY 10017	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KATSUMI YOSHIZAWA 450 LEXINGTON AVENUE NEW YORK, NY 10017	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katsumi Yoshizawa **KATSUMI YOSHIZAWA/VP** 2/12/04 212-450-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #