2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

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

02142006 No Chg-P CR2E034 (11/05)

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

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

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 ✓
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000451558
03/10/06-80058-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	SAKAMOTO, KAZUHIKO
STREET ADDRESS	450 LEXINGTON AVE.
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	SVP
NAME	SAITO, MASAMI
STREET ADDRESS	450 LEXINGTON AVE.
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	EVP
NAME	SHIGEMASA, SONOBE
STREET ADDRESS	450 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	VPS
NAME	BARNETT, JEROME S
STREET ADDRESS	450 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	VP
NAME	YOSHIZAWA, KATSUMI
STREET ADDRESS	450 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/14/06 212 450-0[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #