

2002 UNIFORM BUSINESS REPORT (UBR)

0000225 AV

DOCUMENT # **F00000006582**

1. Entity Name
SONY AMERICAS HOLDING INC.

10/2
FILED

02 AUG 21 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**550 MADISON AVENUE, 35TH FLOOR
NEW YORK NY 10022**

Mailing Address
**ATTN: MICHELE PENARANDA
550 MADISON AVENUE, 9TH FLOOR
NEW YORK NY 10022**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **95-4750499** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ONEDA, NOBOYUKI 1 SONY DRIVE PARK RIDGE NJ 07656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700007250707--5 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALBY, KAREN L 555 MADISON AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen L. Halby <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 555 Madison Avenue NY NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOBER, STEVEN E 550 MADISON AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Steven E. Kober 550 Madison Avenue NY NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOKUNAKA, TERUHISA 6-7-35 KITASHINAGAWA SHINAGAWA-KU, JAPAN 141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP + S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nicole Seligman 550 Madison Avenue NY NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIKAWA, MASAKAZU 6-7-35 KITASHINAGAWA SHINAGAWA-KU, JAPAN 141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROTH, STEPHANIE H 555 MADISON AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/14/02** Daytime Phone # **212-833-7796**

CR2E034 (4/02)



Zalr

ACCOUNT NO. : 072100000032
REFERENCE : 713128 4377650
AUTHORIZATION : *Patricia Pizub*
COST LIMIT : \$ 550.00

ORDER DATE : August 20, 2002
ORDER TIME : 10:28 AM
ORDER NO. : 713128-005
CUSTOMER NO: 4377650
CUSTOMER: Michele Penaranda, Legal Asst
Sony Corporation Of America
550 Madison Avenue
New York, NY 10022

ANNUAL REPORT FILING

NAME: SONY AMERICAS HOLDING INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS:

RECEIVED
02 AUG 21 AM 11:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA