## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # E00000005752

| DOCOMENI # LOCOCOOO 199                    |  |
|--|--|
| 1. Entity Name                             |  |
|  |  |
| MITSUI MARINE MANAGEMENT (U.S.A.) INC.     |  |
| THE OF THE PARTY CONTROL AND THE PARTY CO. |  |
| •  |  |

FILED
Jun 04, 2001 8:00 am
Secretary of State
06-04-2001 90016 030 \*\*\*550.00

| Principal Plac   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |                                    |
|--|--|--|--|--|------------------------------------|
|  | ce of Business   | Mailing Address                          | ,  |  |                                    |
| 3 WHITEHALL<br>EW YORK NY  |  | 33 WHITEHALL STREET<br>NEW YORK NY 10004 |  |  |                                    |
|  |  |  |  | PORTON DE PROPERTOR DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANI | DARRA ANATA MARAN BURRA (KAN 1886) |
| 2. Principal P   | Place of Business  | 3. Mailing Address                       |  |  |                                    |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.                      |  | DO NOT WRITE IN TH   | S SPACE                            |
| City & Stat  | te   | City & State                             | <del>-</del>   | 4. FEI Number 13-4145390   | Applied For Not Applicable         |
| Žip  | Country  | Zip                                      | Country  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required  |
|  | 6. Name and Address of Curren  | t Registered Agent                       |  | 7. Name and Address of New Registere   | d Agent                            |
|  |  |  | Name   |  | •                                  |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET   |  |  | Street Address (P.O. Box Number is Not Acceptable)   |  |                                    |
| TALL   | AHASSEE FL 32301-2525  |  |  |  |                                    |
|  |  |  | City   | · F  | L Zip Code                         |
| P The above  | a named entity submits this statement t  | for the purpose of changing its          | re sistered office or regis  | tered agent, or both, in the State of Florida.   |                                    |
| SIGNATURE  | Signature, typed or printed name of registered agen  |  | : Fagistered Agent signature requ  | ired when reinstating) DATI  | =                                  |
| Tax filing   | oration is eligible to satisfy its Intangibl<br>requirement and elects to do so.<br>ria on back)                 | After MAY 1, 200                         | I FEE IS \$150.00<br>14 Fee will be \$550.00<br>le to Department of \$   |  | \$5.00 May Be Added to Fees        |
| 11.  | OFFICERS AND   | D DIRECTORS                              | 12.  | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTORS IN 11                 |
| TITLE  | PCD .  | ☐ Delete                                 | TITLE  |  | Change Addition                    |
| NAME   | TOMEDA, AKIRA  |  | NAME   |  |                                    |
| STREET ADORESS   | 33 WHITEHALL STREET  |  | STREET ADDRESS   |  |                                    |
| CITY-ST-ZIP  | NEW YORK NY 10004  |  | CITY-ST-ZIP  |  |                                    |
| TITLE  | VTD  | Delete                                   | TITLE  | •  | Change Addition                    |
| NAME   | SAITO, HISATOSHI SR.   |  | NAME   |  |                                    |
| STREET ADDRESS<br>CITY-ST-ZIP  | 33 WHITEHALL STREET  |  | STREET ADDRESS CITY-ST-ZIP   | والمتاريخ المتعادية فالمتعادية والمتعادية وا |                                    |
| -  | NEW YORK NY 10004<br>VSD   |  | CITT-31-ZIF  |  |                                    |
| 71T. C   | 1 3/511  |  | 3  |  | Change                             |
|  |  | ☐ Delete                                 | TITLE  |  | Change Additio                     |
| NAME   | ATA, MASATO SR.  | ☐ Delete                                 | TITLE NAME STREET ADDRESS  |  | ☐ Change ☐ Additio                 |
| NAME<br>Street address   | ATA, MASATO SR.<br>33 WHITEHALL STREET   | ☐ Delete ·                               | NAME   |  | Change Addition                    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ATA, MASATO SR.  |  | NAME<br>STREET ADDRESS   |  |                                    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   | ATA, MASATO SR.<br>33 WHITEHALL STREET<br>NEW YORK NY 10004<br>D   | ☐ Delete ·                               | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                                    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   | ATA, MASATO SR.<br>33 WHITEHALL STREET<br>NEW YORK NY 10004  |  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  |  |                                    |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ATA, MASATO SR. 33 WHITEHALL STREET NEW YORK NY 10004 D DOME, LEONARD S ONE BATTERY PARK PLAZA                   |  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |  | Change Addition                    |
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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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hisatoshi Saito

5/30/01

(212)480-2550