

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90087 029 ***150.00

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01262005 Chg-P CR2E034 (10/03)

DOCUMENT # F01000003980 1. Entity Name SUNROCK CAPITAL CORP.			
Principal Place of Business 2701 COMMERCE WAY PHILADELPHIA, PA 19154		Mailing Address 2701 COMMERCE WAY PHILADELPHIA, PA 19154	
2. Principal Place of Business 1211 Ave of the Americas Suite, Apt. #, etc. 40 Solitz Corp of America City & State New York NY Zip 10036 Country USA		3. Mailing Address 1211 Ave of the Americas Suite, Apt. #, etc. 40 Solitz Corp of America City & State New York NY Zip 10036 Country USA	
4. FEI Number 23-3062442		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLO, TOM 1211 AVE OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Takashi Tsukada 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WASHELESKI, PATRICIA 2701 COMMERCE WAY PHILADELPHIA, PA 19154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TAKASHI KOBAYASHI 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SATO, TAKASHI 1211 AVENUE OF THE AMERICAS NEW YORK, NY 100368701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KAZUTAKA HIROSE 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENDZEL, MICHAEL 1211 AVENUE OF THE AMERICAS NEW YORK, NY 100368701 <input checked="" 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	D YAZUNAGA, KOLCHIRO 1211 AVENUE OF THE AMERICAS NEW YORK, NY 100368701 <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	D ERWIN, JOHN D 2701 COMMERCE WAY NEW YORK, NY 100368701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Takashi Kobayashi</u> TAKASHI KOBAYASHI 3/15/05 212-709-6003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			