

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90034 024 \*\*\*150.00

**DOCUMENT # F0100006215**  
 1. Entity Name  
**NEC FINANCIAL SERVICES, INC.**



Principal Place of Business  
**300 FRANK W. BURR BLVD.  
 TEANECK, NJ 07666**

Mailing Address  
**300 FRANK W. BURR BLVD.  
 TEANECK, NJ 07666**

**94036445**

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

3. Mailing Address  
**8 Corporate Center Dr.**  
 Suite, Apt. #, etc.

City & State  
**Melville, NY**

Zip  
**11747**

Country  
**USA**



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

4. FEI Number  
**13-3224311**

Applied For  
 Not Applicable

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

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PD MIWA, MASAKATSU 101 EAST 52ND STREET NEW YORK, NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hirofumi Okuyama 101 East 52nd Street, 5th Floor New York, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YAMADA, TAKAYUKI 300 FRANK W. BURR BLVD. TEANECK, NJ 07666 <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	VTD TADA, JUN 300 FRANK W. BURR BLVD. TEANECK, NJ 07666 <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 KATO, TOMOYUKI 7-1, SHIBA 5-CHOME, MINATO-KU TOKYO, JAPAN 108-8001, <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 MATSUYAMA, SOICHIRO 7-1, SHIBA 5-CHOME, MINATO-KU TOKYO, JAPAN 108-8001, <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	<input 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:** Takayuki Yamada, Secretary 3/16/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #