


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000003146 1. Entity Name THE NORIO OHGA FOUNDATION INC.	
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Principal Place of Business 12451 GATEWAY BLVD. FORT MYERS, FL 33913	Mailing Address % KENNETH L. NEES, SONY ELECTRONICS INC. 12451 GATEWAY BLVD. FORT MYERS, FL 33913
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01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3617866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEES, KENNETH L % SONY ELECTRONICS INC. 12451 GATEWAY BLVD. FORT MYERS, FL 33913

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGHA, NORIO 550 MADISON AVE, 34TH FL NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OGHA, MIDORI 550 MADISON AVE, 34TH FL NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEES, KENNETH L 12451 GATEWAY BLVD. FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURAK, H. PAUL 575 MADISON AVE., 18TH FL NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/07-80017-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 2007 *(239) 267-2235*
Date Daytime Phone #