

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90030 014 \*\*\*\*61.25

<b>DOCUMENT # F02000003146</b> 1. Entity Name <b>THE NORIO OHGA FOUNDATION INC.</b>						
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			
2. Principal Place of Business - No P.O. Box # <u>14270 Royal Harbour Court</u> Suite, Apt. #, etc. <u># 522</u>		3. Mailing Address <u>% Kenneth L. Nees</u> <u>14270 Royal Harbour Court</u> Suite, Apt. #, etc. <u># 522</u>				
City & State <u>Fort Myers, FL</u> Zip <u>33908</u>		City & State <u>Fort Myers, FL</u> Zip <u>33908</u>		4. FEI Number 13-3617866		
Country <u>USA</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  NEES, KENNETH L. % SONY ELECTRONICS INC. 12451 GATEWAY BLVD. FORT MYERS, FL 33913			7. Name and Address of New Registered Agent Name <u>Nees, Kenneth L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>14270 Royal Harbour Court</u> <u># 522</u> City <u>Fort Myers</u> <u>FL</u> Zip Code <u>33908</u>			
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 <u>Kenneth L. Nees</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
DATE <u>Jan 14, 2008</u>						
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGHA, NORIO 550 MADISON AVE, 34TH FL NEW YORK, NY 10022		<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	DV OGHA, MIDORI 550 MADISON AVE, 34TH FL NEW YORK, NY 10022		<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	SD NEES, KENNETH L 12451 GATEWAY BLVD. FORT MYERS, FL 33913		<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 BURAK, H. PAUL 575 MADISON AVE., 18TH FL NEW YORK, NY 10022		<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		<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		<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 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: <u>Kenneth L. Nees</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
Date <u>Jan 14, 2008</u> Daytime Phone # <u>(239) 267-2235</u>						