FILED

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # F02000003146



Secretary of State 1. Entity Name 01-13-2003 90119 008 \*\*\*\*61.25 THE NORIO OHGA FOUNDATION INC. Principal Place of Business Mailing Address ~~~u3917 12451 GATEWAY BLVD. % KENNETH L. NEES, SONY ELECTRONICS INC. FORT MYERS FL 33913 12451 GATEWAY BLVD. FORT MYERS FL 33913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEi Number 13-3617866 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEES, KENNETH L Street Address (P.O. Box Number is Not Acceptable) % SONY ELECTRONICS INC. 12451 GATEWAY BLVD. FORT MYERS FL 33913 City 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 SIGNAL 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change Addition OGHA, NORIO NAME NAME STREET ADDRESS 550 MADISON AVE, 34TH FL STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP D۷ TITLE ☐ Delete TITLE ☐ Change Addition OGHA, MIDORI NAME STREET ADDRESS 550 MADISON AVE, 34TH FL STREET ADDRESS CITY-ST-7IF NEW YORK NY 10022 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEES, KENNETH L NAME NAME STREET ADDRESS 12451 GATEWAY BLVD. STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33913 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BURAK, H. PAUL NAME STREET ADDRESS 575 MADISON AVE., 18TH FL STREET ADDRESS CITY-ST-ZIE NEW YORK NY 10022 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 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 li

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SIGNATURE: