

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002390

Entity Name: HONDA R&D AMERICAS, INC.

FILED  
Jul 15, 2009  
Secretary of State

## Current Principal Place of Business:

1200 INDIAN RIVER DRIVE  
SEBASTIAN, FL 32958

## New Principal Place of Business:

6545 US HWY 1  
GRANT VALKARIA, FL 32949

## Current Mailing Address:

21001 STATE ROUTE 739  
RAYMOND, OH 43067

## New Mailing Address:

21001 STATE ROUTE 739  
ATTN: DALE G. SHIELDS  
RAYMOND, OH 43067

FEI Number: 33-0054861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SVP ( ) Delete  
Name: ARAI, YASUHIKA  
Address: 21001 STATE RD. 739  
City-St-Zip: RAYMOND, OH 43067

Title: P ( ) Delete  
Name: NONAKA, TOSHIHIKO  
Address: 21001 STATE RT 739  
City-St-Zip: RAYMOND, OH 43067

Title: SVP ( ) Delete  
Name: SONODA, TOSHINARI  
Address: 1900 HARPERS WAY  
City-St-Zip: TORRANCE, CA 90501

Title: VP ( ) Delete  
Name: KNIGHT, BENJAMIN  
Address: 1900 HARPERS WAY  
City-St-Zip: TORRANCE, CA 90501

Title: SVP ( ) Delete  
Name: ALLEN, CHARLES L JR  
Address: 21001 STATE RT 739  
City-St-Zip: RAYMOND, OH 43067

Title: VP ( ) Delete  
Name: KNIGHT, BENJAMIN  
Address: 1900 HARPERS WAY  
City-St-Zip: TORRANCE, CA 90501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE G. SHIELDS

ACCT

07/15/2009

Electronic Signature of Signing Officer or Director

Date