

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90265 018 \*\*\*150.00

**DOCUMENT # F03000003692**

1. Entity Name  
**MHCB (USA) LEASING & FINANCE CORPORATION**



Principal Place of Business  
**1251 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020**

Mailing Address  
**1251 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020**

**20046083**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**13-3155622**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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 PD ☐ Delete  
NAME YOSHIDA, TORU  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE President/DIRECTOR ☐ Change ☒ Addition  
NAME HIDEKI SHIRATO  
STREET ADDRESS 1251 Avenue of The Americas  
CITY-ST-ZIP NEW YORK, NY 10020-1104

TITLE VD ☐ Delete  
NAME HORIUCHI, MASARU  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE Vice President / DIRECTOR ☒ Change ☐ Addition  
NAME JIN NATSUSHITA  
STREET ADDRESS 1251 Avenue of The Americas  
CITY-ST-ZIP NEW YORK, NY 10020-1104

TITLE VTD ☒ Delete  
NAME INOMATA, NAOSHI  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE VICE PRESIDENT/DIRECTOR/Treasurer ☐ Change ☒ Addition  
NAME ATSUSHI SHIBUKAWA  
STREET ADDRESS 1251 Avenue of The Americas  
CITY-ST-ZIP NEW YORK, NY 10020-1104

TITLE SD ☐ Delete  
NAME MATSUSHITA, JIN  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE SECRETARY ☐ Change ☒ Addition  
NAME MASAFUMI KADONO  
STREET ADDRESS 1251 Avenue of The Americas  
CITY-ST-ZIP NEW YORK, NY 10020-1104

TITLE DC ☐ Delete  
NAME ARAKI, MICHISUK G  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME INOMATA, NAOSHI  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resident

4/11/2005

Date

212-282-3650

Daytime Phone #