## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000005151

Entity Name: MIZUNO USA, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4925 AVALON RIDGE PARKWAY NORCROSS, GA 30071					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4925 AVALON RIDGE PARKWAY NORCROSS, GA 30071					
FEI Number:	58-2269948	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US					
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					
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PUCCINI, ROBE	IDGE PARKWAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MAKINO, KATSU	IDGE PARKWAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SHIGETOSHI YA	-KITA 1-CHOME SUMINOE-KU	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HIROYASU SUG	-KITA 1-CHOME SUMINOE-KU	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAISUKE FUKUI	-KITA 1-CHOME SUMINOE-KU	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MASAHARU KAT	-KITA 1-CHOME SUMINOE-KU	Title: Name: Address: City-St-Zip:	() Change () Addition	
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					

SIGNATURE: KATSUYUKI MAKINO CFOS 04/08/2009

above, or on an attachment with an address, with all other like empowered.