2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002595

Entity Name: TOYOTA MOTOR NORTH AMERICA, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
19001 SO WESTERN AVE TORRANCE, CA 90501				19001 SOUTH WESTERN AVENUE TORRANCE, CA 90501			
Current Mailing Address:				New Mailing Address:			
19001 SO WESTERN AVE TORRANCE, CA 90501				19001 SOUTH WESTERN AVENUE TORRANCE, CA 90501			
FEI Number: 95-3141669 FEI Number Applied For () FEI N			FEI Nun	umber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Age	nt:
1200 SOU PLANTATI	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD US					
The above in the State		submits this statement for the pu	ırpose o	f changing it	ts registered o	office or registered ago	ent, or both,
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ager	nt			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO () FUNO, YUKITO 19001 SO WES TORRANCE, CA	TERN AVE		Title: Name: Address: City-St-Zip:	FUNO, YUKITO	WESTERN AVENUE	
Title: Name: Address: City-St-Zip:	D () FUNO, YUKITO: 19001 SO WES TORRANCE, CA	TERN AVE		Title: Name: Address: City-St-Zip:	LENTZ, JAMES	WESTERN AVENUE	
Title: Name: Address: City-St-Zip:	S () ILLINGWORTH, 19001 SO WES TORRANCE, CA	TERN AVE		Title: Name: Address: City-St-Zip:	LLINGWORTH	WESTERN AVENUE	
Title: Name: Address: City-St-Zip:	T () TSUNEHIRO, M 19001 SO WES TORRANCE, CA	TERN AVE		Title: Name: Address: City-St-Zip:	MATSUNO, TS	WESTERN AVENUE	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	DOI,, TRACEY	WESTERN AVENUE	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	CHO, FUJIO) Change (X) Addition WESTERN AVENUE	

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: MANDELINE HENDRICKS POA 04/28/2009