FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F93000001061 (1)

MASANORI MOCHIDA INC.

FILED Feb 19 1997 8:00am Secretary of State



Principal Place of Business 85 BROAD STREET NEW YORK NY 10004			Mailing Address 85 BROAD STREET NEW YORK NY 10004-2434						
						3. Date Incorporated or Qualified 02/25/1993	3a. Date 08/0	of Last Re 1/1996	eport
2. Principal Place of Business 2a. Mailing Address			SS			4. FEI Number			plied For
21 26						13-3694639		No	t Applicable
Suite, Ap 22	pl #, etc.	Suite, Apt. #, 6	etc.			5. Certificate of Status Desired		\$8.75 A	
City & S	State	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Country			8. This corporation has liability for in	tangible ta	x under s	199.032,
24	25	29	30				Yes 🔲		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	istered Aç	ent	
	T CORPORATION SYSTEM			81	Name				
	200 SOUTH PINE ISLAND ROAD			82	Street A	ddress (P.O. Box Number is Not Acceptable	2)		
P	LANTATION FL 33324			62	Sti bot At	dutess (F.O. Dox Hollings is Hot Acceptable	7)		
				83					
				84	City		FL	85 Zip (Code
44 5	150-15-2007.0	500 I 003 4 500 Florid	. Olah dan dan	<u> </u>		orporation submits this statement for the pu			
office o	or registered agent, or both, in the Sta	ite of Florida, Such chang	e was authorize	ed by	the coroc	pration's board of directors. I hereby accept	the appoi	ntment as	reaistered
 agent. 	I am familiar with, and accept the obl	ligations of, Section 607.0	505, Florida Sta	itutes.					•
SIGNATUR	RF								
	Signature, typed or ponted name of registered.				t signature /	equired when reinstating)	DATE		
12.		IND DIRECTORS	13,			ADDITIONS/CHANGES TO OFFICE			
TITLE	PD HACKHOOM	DEL	ETE 1.1 T	TITLE	- 4		l.	_] Change	☐ Additio
NAME	MOCHIDA, MASANORI	. 6.17.5 . 61.461.00	1.2 h	NAME	- 1				
STREET ADDRES	SS ARK MORI BLDG. 12-32 AK		1.3 \$	STREET A	DDRESS				
CITY - SI - ZIP	MINATO-KU, TOKYO 107, J	apan	1.40	CITY-ST	. ZIP				
TITLE	VI	☐ D£L				Vice President		X Change	Additio
NAME	STECHER, ESTA E	_	221	NAME	1	Esta E. Stecher			
STREET ADDRES	85 BROAD STREET							-	
	NEW YORK NY 10004		1			85 Broad Street			
CITY - ST - ZIP	8	I □ DEL		CITY - ST	- ZIP	New York, New York 100	104 _.	Change	Additio
TITLE	MCHUGH, JAMES B	ן טנו	1		1		L	☐ cusußs	TH MORRO
NAME	OF DOUGH STREET			NAME]				
STREET ADDRES	NEW YORK NY 10004		. 3.3 5	STREET A	DDRESS				
CITY-ST-ZIP				CITY-ST	- ZIP				
TITLE	DC PATT DODERT I	DEL	.ETE 4.1 1	TITLE	}		L.	Change	Additio
NAME	KATZ, ROBERT J		4. 2	NAME	İ				
STREET ADDRES	85 BROAD STREET		4.3 \$	STREET A	ODRESS				
CITY - ST - ZIP	NEW YORK NY 10004		4.4 (CITY-ST	- ZIP				
TITLE	D	DEL		TITLE		Director and Treasurer		A Change	Addition
NAMÉ	VINIAR, DAVID A		521	NAME		David A. Viniar			
STREET ADDRES	ss 85 BROAD ST		T T						
- mile - mobile			_ ~~·			85 Broad Street			
DATA OF 200	NEW YORK NY			רודע פי	7ID	85 Broad Street	۱۸۸ -		
CHTY - \$1 - ZIP	NEW YORK NY	l DEI	***************************************	CITY - ST	-ZIP	New York, New York 100		Channe	Additio
THEE	NEW YORK NY	[] DEL	ETE 611	TITLE	- ZIP			Change	Additio
TULE NAME	NEW YORK NY	[] DEL	ETE 611	TITLE NAME				Change	Additio
THE	NEW YORK NY	[] DEL	ETE 611 621 633	TITLE NAME STREET /	ADDRESS			Change	Additio
TITLE NAME	NEW YORK NY		ETE 611 621 633 644	TITLE Name Street / City-St	ADDRESS - Zip			-	

. For 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 annual report or supplemental annual 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 12 or Block 13 jbchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James B. McHugh, Secretary

(212)902-1000 Daytime Phone # 0004653