

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005748

FILED  
May 16, 2011  
Secretary of State

**Entity Name:** ITOCHU LOGISTICS (USA) CORP.

**Current Principal Place of Business:**

1830 205TH ST  
TORRANCE, CA 90501 US

**New Principal Place of Business:**

**Current Mailing Address:**

1830 205TH ST  
TORRANCE, CA 90501 US

**New Mailing Address:**

**FEI Number:** 13-2900579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SUNAGA, HIROYUKI  
Address: 1830 205TH ST  
City-St-Zip: TORRANCE, CA 90501 US

Title: S  
Name: KIKUCHI, HIROMICHI  
Address: 1830 205TH ST  
City-St-Zip: TORRANCE, CA 90501 US

Title: D  
Name: SUNAGA, HIROYUKI  
Address: 1830 205TH ST  
City-St-Zip: TORRANCE, CA 90501 US

Title: D  
Name: WATANABE, AKIRA  
Address: 1830 205TH ST  
City-St-Zip: TORRANCE, CA 90501 US

Title: D  
Name: WATANABE, MANABU  
Address: 1830 205TH ST  
City-St-Zip: TORRANCE, CA 90501 US

Title: D  
Name: OYA, TOKAYISHI  
Address: 1830 205TH ST  
City-St-Zip: TORRANCE, CA 90501 US

I hereby 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 all other like empowered.

SIGNATURE: HIROMICHI KIKUCHI

S

05/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date