2004 FOR PROFIT CORPORATION

ANNUAL REPORT

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PHILIPS ELECTRONICS NORTH AMERICA CORPORATION



FILED

Apr 30, 2004 8:00 am Secretary of State

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Principal Place of Business Mailing Address 1251 AVENUE OF THE AMERICAS 1251 AVENUE OF THE AMERICAS NEW YORK, NY 10020 NEW YORK, NY 10020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 13-3429115 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code FL 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ddition Delete CHEW, BELINDA W NAME NAME 1251 reme of the Antercas 1251 AVE OF THE AMERICAS STREET ADDRESS STREET ADDRESS New York. CITY-ST-ZIP NEW YORK, NY 10020 CITY-ST-ZIP secretar! TITLE ☐ Delete TITLE warren troates WESTERHOFF, ROBERT M NAME NAME 251 Avenue of the Americas STREET ADDRESS 1251 AVENUE OF THE AMERICAN STREET ADDRESS NEW YORK, NY 10020 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition SMITH, ROBERT N NAME NAME STREET ADDRESS 1251 AVENUE OF THE AMERICAN STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10020110 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS 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 cath; 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.

ER OR DIRECTOR