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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000434 (9)

1. Corporation Name
OKI MATSUMOTO INC.

Principal Place of Business
85 BROAD ST.
NEW YORK NY 10004

Mailing Address
85 BROAD ST.
NEW YORK NY 10004-2434

3. Date Incorporated or Qualified 01/26/1995
3a. Date of Last Report 08/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
13-3798715

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MATSUMOTO, OKI
STREET ADDRESS ARK MORI BLDG. 12-32 AKASAKA 1-CHROME
CITY-ST-ZIP MINATO-KU TOKYO 107, JAPAN

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DC ☐ DELETE
NAME KATZ, ROBERT J
STREET ADDRESS 85 BROAD ST.
CITY-ST-ZIP NEW YORK NY 10004

21 TITLE Director, Chairman, VP ☒ Change ☐ Addition
22 NAME Robert J. Katz
23 STREET ADDRESS 85 Broad Street
24 CITY-ST-ZIP New York, New York 10004

TITLE TDC ☐ DELETE
NAME STECHER, ESTA E
STREET ADDRESS 85 BROAD ST.
CITY-ST-ZIP NEW YORK NY 10004

31 TITLE Director, VP, Treasurer ☒ Change ☐ Addition
32 NAME Esta E. Stecher
33 STREET ADDRESS 85 Broad Street
34 CITY-ST-ZIP New York, New York 10004

TITLE S ☐ DELETE
NAME MCHUGH, JAMES B
STREET ADDRESS 85 BROAD ST.
CITY-ST-ZIP NEW YORK NY 10004

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE:

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

2/6/97

(212)902-1000

James B. McHugh, Secretary

Daytime Phone 0004672

CR2E034 (9/96)