2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F95000002091

Mailing Address

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Miura, Masaki

16 Crow Nest Hill Road

2/6/07

Shelton, CT 06484

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

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IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PILOT CORPORATION OF AMERICA

Principal Place of Business

BURLEIGH, DENNIS

136 TWELVE OAKS LANE

BOHNSACK, M. GREGORY

248 BLACKHOUSE ROAD

TRUMBULL, CT 06611

34 IVY GROVE COURT

UNO, JUNICHI

SHELTON, CT

PONTE VEDRA BEACH, FL 32082

NAME

TITLE

NAME

NAME STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP



rincipal riac	e or manifes	Maning Address			PEP		
TRUMBULL, CT 06611		60 COMMERCE DR. TRUMBULL, CT 06611		40015	, 636		
		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232007 Chg	-P CR2E0	34 (12/06)	
City & State		City & State		4. FEI Number 11-2277015		1—1—	plied For t Applicable
Zíp	Country	Zip	Country	5. Certificate of Status		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HATHAWAY, RICHARD G 7077 BONNEVAL RD. SUITE 200 JACKSONVILLE, FL 32216			Streat Address Overloo	ay, Richard G is (P.O. Box Number is Not A ok II At Ponte	cceptable)	A1A No	orth
	named entity submits this statement to	or the purpose of changing its re	Suite 1 (City Ponte V egistered office or regis	Vedra Beach	FL State of Florida. I am	Zip Code 3208 familiar with,	
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: F	Registered Agent signature requ	iired when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaigr Trust Fund Contrib			· · · ·	55.00 May Be added to Fees			
10. OFFICERS AND DIRECTORS 11			11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAKAHASHI, KIYOSHI 6-21 KYOBASHI 2-CHOME, CHU TOKYO, JA 104-804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAW, RONALD G 5 FOREST GLEN DRIVE WOODBRIDGE, CT 06525	☐ Celete	THILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE	DV	□ Dolete	TITLE			Change	☐ Addition

Change

K Change

☐ Change

Addition

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☐ Addition

CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an alternment, with an address, with all other like empowered.

M. Greogy Bohnsack