2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# F97000001423

Entity Name: SOKKIA CORPORATION

Current Principal Place of Business:

16900 WEST 118TH TERRACE
OLATHE, KS 66061

New Principal Place of Business:

Current Mailing Address:

2232 NW 82ND AVENUE
MIAMI, FL 33122

New Mailing Address:

FEI Number: 48-0967955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: COBD ( ) Delete
Name: MARUYAMA, KENICHIRO
Address: 260-63, HASE, ATSUGI
City-St-Zip: KANAGAWA,, JP 243-0036 JP

Title: CEO ( ) Delete
Name: YAMANAKA, EITOKU
Address: 16900 WEST 118TH TERRACE
City-St-Zip: OLATHE, KS 66061 US

Title: PD ( ) Delete
Name: YAMANAKA, EITOKU
Address: 16900 WEST 118TH TERRACE
City-St-Zip: OLATHE, KS 66061 US

Title: S ( ) Delete
Name: HARA, COLIN
Address: 203 NORTH LASALLE STREET, SUITE 2500
City-St-Zip: CHICAGO, IL 60601 US

Title: T ( ) Delete
Name: WELCH, DENNY
Address: 16900 WEST 118TH TERRACE
City-St-Zip: OLATHE, KS 66061 US

Title: D (X) Delete
Name: HAYASE, MINORU
Address: 260-63, HASE, ATSUGI
City-St-Zip: KANAGAWA,, JP 243-0036 JP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PCEO (X) Change ( ) Addition
Name: YAMANAKA, EITOKU
Address: 16900 WEST 118TH TERRACE
City-St-Zip: OLATHE, KS 66061 US

Title: D (X) Change ( ) Addition
Name: YAMANAKA, EITOKU
Address: 16900 WEST 118TH TERRACE
City-St-Zip: OLATHE, KS 66061 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: COLIN HARA S 04/18/2008

Electronic Signature of Signing Officer or Director — Date