2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004460

Entity Name: HITACHI CAPITAL AMERICA CORP.

FILED May 31, 2006 Secretary of State

	•	e of Business:	New Principal Place	. c	
	RK, 800 CONN K, CT 06854	NECTICUT AVE			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	RK, 800 CONN K, CT 06854	NECTICUT AVE			
FEI Number:	33-0380629	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
1201 HAYS	CUMENT SEF S STREET SSEE, FL 323				
	named entity of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n	ot receive the prior notice.		
	npaign Financin S AND DIREC	g Trust Fund Contribution ().	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name:	*) Delete	Title:		
Address:	BESGEN, WIL 59 PEPPER LA NEW CANAAN	LIAM ANE	Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip: Title: Name: Address:	59 PEPPER LA NEW CANAAN	LIAM ANE , CT 06840) Delete CHIRO T 1302	Name: Address:	() Change () Addition () Change () Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	59 PEPPER LA NEW CANAAN D (SHIMADA, YUI 180 BROAD S' STAMFORD, C	LIAM ANE , CT 06840) Delete CHIRO T 1302 ET 06830 () Delete YUKI GTON BLVD	Name: Address: City-St-Zip: Title: Name: Address:		
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	59 PEPPER L/NEW CANAAN D (SHIMADA, YUI 180 BROAD S' STAMFORD, C T (X KUME, YOSHI 1455 WASHIN	LIAM ANE , CT 06840) Delete CHIRO T 1302 CT 06830 () Delete YUKI GTON BLVD CT 06830) Delete AVID	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRY HATFIELD VP 05/31/2006