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May 08, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000006207

1. Corporation Name

SOKKIA CREDIT CORPORATION



Principal Place of Business

**911 BARTON P.O. BOX 2995
OVERLAND PARK KS 66201**

Mailing Address

**9111 BARTON
P O BOX 2995
OVERLAND PARK KS 66201
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

48-1187380

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**CORPAMERICA, INC.
1525 S. ANDREWS AVE., STE 216
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

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 office 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

TITLE **PD** ☐ DELETE
NAME **ODA, TAKAYOSHI**
STREET ADDRESS **9111 BARTON**
CITY-ST-ZIP **OVERLAND PARK KS**

TITLE **T** ☐ DELETE
NAME **MITAKE, AKINORI**
STREET ADDRESS **9111 BARTON**
CITY-ST-ZIP **OVERLAND PARK KS 66214**

TITLE **SD** ☐ DELETE
NAME **COURTNEY, JAMES V**
STREET ADDRESS **9111 BARTON**
CITY-ST-ZIP **OVERLAND PARK KS**

TITLE **AS** ☐ DELETE
NAME **BLECHA, RODNEY C**
STREET ADDRESS **9111 BARTON**
CITY-ST-ZIP **OVERLAND PARK KS**

TITLE **D** ☐ DELETE
NAME **IWAMOTO, SHOJI**
STREET ADDRESS **9111 BARTON**
CITY-ST-ZIP **OVERLAND PARK KS**

TITLE **AS** ☐ DELETE
NAME **HARA, COLIN**
STREET ADDRESS **9111 BARTON**
CITY-ST-ZIP **OVERLAND PARK KS**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(913) 492-4900

CR2E034 (11/98)