

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006207

1. Entity 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

2. Principal Place of Business

16900 W. 118th Terrace
Suite, Apt. #, etc.

3. Mailing Address

PO Box 577
Suite, Apt. #, etc.

City & State

Olathe, KS

City & State

Olathe, KS

Zip

66061

Country

Johnson

Zip

66051-0577

Country

Johnson

4. FEI Number

48-1187380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

TITLE VP/Secretary
NAME MITSUHASHI, HITOSHI
STREET ADDRESS 9111 BARTON
CITY-ST-ZIP OVERLAND PARK KS 66214 ☐ Delete

TITLE SD
NAME COURTNEY, JAMES V
STREET ADDRESS 9111 BARTON
CITY-ST-ZIP OVERLAND PARK KS ☒ Delete

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

TITLE D
NAME TAKAGI, TAKANORI
STREET ADDRESS 9111 BARTON
CITY-ST-ZIP SHAWNEE MISSION KS 66214 ☒ Delete

TITLE AS
NAME Hara, Colin
STREET ADDRESS two Continental Road #800
CITY-ST-ZIP Rolling Meadows, IL 60008 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HITOSHI MITSUHASHI

2/26/01

(913)-492-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90131 045 ***150.00

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DO NOT WRITE IN THIS SPACE

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