## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F97000006207

HARA, COLIN

TWO CONTINENTAL ROAD #800

ROLLING MEADOWS, IL 60008

Name:

Address:

City-St-Zip:

Entity Name: SOKKIA CREDIT CORPORATION

FILED Feb 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16900 W 118TH TERRACE OLATHE, KS 66061 **Current Mailing Address: New Mailing Address:** P O BOX 577 OLATHE, KS 660510577 US FEI Number: 48-1187380 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: CORPAMERICA, INC. 416 S.E. 15 STREET FORT LAUDERDALE, FL 33316 US 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ODA, TAKAYOSHI Name: Name: 9111 BARTON Address: Address: City-St-Zip: OVERLAND PARK, KS City-St-Zip: Title: VPS Title: () Change () Addition () Delete MITSUHASHI, HITOSHI Name: Name: 9111 BARTON Address: Address: OVERLAND PARK, KS 66214 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: AS () Change () Addition BLECHA, RODNEY C Name: Name: 9111 BARTON Address: Address: City-St-Zip: OVERLAND PARK, KS City-St-Zip: Title: AS (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RODNEY C. BLECHA AS 02/01/2002