


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90011 042 ***150.00

DOCUMENT # F98000003878

1. Entity Name
KDDI AMERICA, INC.



Principal Place of Business
**375 PARK AVENUE
 7TH FLOOR
 NEW YORK, NY 10152**

Mailing Address
**C/O PATRICK D. CROCKER
~~900 COMERICA BLDG~~
 KALAMAZOO, MI 49007**

2. Principal Place of Business
 Suite, Apt. #, etc.
**375 N Church St
 Ste 4**

3. Mailing Address
 Suite, Apt. #, etc.
**375 N Church St
 Ste 4**

City & State
Kalamazoo MI

Zip
49007

Country
USA

01062006 Chg-P CR2E034 (11/05)

4. FEI Number
13-3522662

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when transferring) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCED MINATANI, SHIGERU 375 PARK AVE 7TH FLOOR NEW YORK, NY 10152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD MIKI, TOSHIKI 375 PARK AVENUE 7TH FLOOR NEW YORK, NY 10152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TS TAKAMI, TESHIGAWARA 375 PARK AVENUE 7TH FLOOR NEW YORK, NY 10152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KAWAGUCHI, KENICHI 3-10-10 IIDABASHI CHIYONDA, TOKYO, JAPAN. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KOIZUMI, SHIGEYUKI 3-10-10 IIDABASHI CHIYONDA, TOKYO, JAPAN. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shigeru Minatani DATE: 1-23-06 PHONE: 212-702-3720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #