
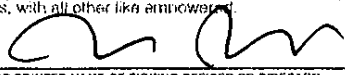


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90032 023 ***150.00

DOCUMENT # F98000003878			
1. Entity Name KDDI AMERICA, INC.			
Principal Place of Business 825 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10022		Mailing Address 135 N CHURCH ST STE 4 KALAMAZOO, MI 49007	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 107 W Michigan Ave 4th Fl	
Suite, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State Kalamazoo MI	
Zip	Country	Zip	Country
		49007	
4. FEI Number 13-3522662		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLANTON, EDWIN F 810 THOMASVILLE ROAD TALLAHASSEE, FL 32303		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-STATE-ZIP	PCED MINATANI, SHIGERU <input type="checkbox"/> Delete 825 3RD AVE NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3rd Floor
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VT TAKAMI, TESHIGAWARA <input type="checkbox"/> Delete 825 3RD AVE 3RD FLOOR NEW YORK, NY 10022z1	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PCEO MINATANI, SHIGERU <input checked="" type="checkbox"/> Delete 825 3RD AVE 3RD FLOOR NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	EVP FURUYA, MASAHIRO <input type="checkbox"/> Delete 825 3RD AVE 3RD FLR NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EVPD
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V NAKANO, SHUNICHI <input checked="" type="checkbox"/> Delete 825 3RD AVE 3RD FLOOR NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See Attachment
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 amendments.			
SIGNATURE: 		Date: 1/16/08 212-295-1200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	