

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01100

FILED
Feb 14, 2009
Secretary of State

Entity Name: KENWOOD U.S.A. CORPORATION

Current Principal Place of Business:

2201 E DOMINGUEZ ST.
LONG BEACH, CA 90810 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 22745
LONG BEACH, CA 908015745 US

New Mailing Address:

FEI Number: 95-2948901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EGUCHI, SHOICIRO
Address: 2201 E. DOMINGUEZ ST.
City-St-Zip: LONG BEACH, CA 90801 US

Title: ST () Delete
Name: GLASSETT, JOSEPH K
Address: 2201 E DOMINGUEZ ST.
City-St-Zip: LONG BEACH, CA 90810 US

Title: D () Delete
Name: LEHMANN, KEITH
Address: 2201 E DOMINGUEZ ST.
City-St-Zip: LONG BEACH, CA 90810 US

Title: D () Delete
Name: INUKAI, MAKOTO
Address: 2201 E. DOMINGUEZ ST.
City-St-Zip: LONG BCH, CA 90810 US

Title: D () Delete
Name: AIGAMI, KAZUHIRO
Address: 2201 E. DOMINGUEZ ST.
City-St-Zip: LONG BEACH, CA 90810 US

Title: D () Delete
Name: JASIN, MARK
Address: 2201 E. DOMINGIEZ ST.
City-St-Zip: LONG BEACH, CA 90810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: JOSEPH K. GLASSETT

ST

02/14/2009

Electronic Signature of Signing Officer or Director

_____ Date