

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90081 048 ***150.00

DOCUMENT # P18649

1. Entity Name
SONY ELECTRONICS, INC.



Principal Place of Business
**1 SONY DRIVE
PARK RIDGE, NJ 07656**

Mailing Address
**555 MADISON AVENUE
8TH FLOOR
NEW YORK, NY 10022**



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2878067

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	CD STRINGER, HOWARD
STREET ADDRESS	550 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE NAME	AS ROTH, STEPHANIE H
STREET ADDRESS	1 SONY DRIVE
CITY-ST-ZIP	PARK RIDGE, NJ 07656
TITLE NAME	PCOO NISHIDA, FUJIO
STREET ADDRESS	ONE SONY DRIVE
CITY-ST-ZIP	PARK RIDGE, NJ 07656
TITLE NAME	AS HALBY, KAREN L
STREET ADDRESS	ONE SONY DRIVE
CITY-ST-ZIP	PARK RIDGE, NJ 07656
TITLE NAME	SRVP COTTER, EDWARD
STREET ADDRESS	ONE SONY DRIVE
CITY-ST-ZIP	PARK RIDGE, NJ 07656
TITLE NAME	AS COTTER, EDWARD
STREET ADDRESS	ONE SONY DRIVE
CITY-ST-ZIP	PARK RIDGE, NJ 07656

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephanie H. Roth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #