## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 03, 2007 8:00 am Secretary of State

04-03-2007 90015 020 \*\*\*150.00

Daytime Phone #

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P18649 1. Entity Name SONY ELECTRONICS, INC. 40049131 Principal Place of Business Mailing Address 1 SONY DRIVE 555 MADISON AVENUE PARK RIDGE, NJ 07656 8TH FLOOR NEW YORK, NY 10022 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 22-2878067 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Chairman Delete TITLE ☐ Change Addition Hideki Komiyan q STRINGER, HOWARD NAME NAME 550 MADISON AVENUE 1 sony Drive Park Ridge, W 07656 STREET ADDRESS STREET ADDRESS NEW YORK, NY 10022 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition nichael T. Williams ROTH, STEPHANIE H NAME NAME Sony Drive ark Ridge, UJ 07656 STREET ADDRESS 1 SONY DRIVE STREET ADDRESS CITY-ST-ZIP PARK RIDGE, NJ 07656 CITY-ST-ZIP TITLE PCOO Delete TITLE ☐ Change ☐ Addition NISHIDA, FUJIO NAME NAME ONE SONY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARK RIDGE, NJ 07656 CITY-ST-ZIP TITLE AS ☐ Delete TITLE ☐ Change ☐ Addition HALBY, KAREN L NAME NAME STREET ADDRESS ONE SONY DRIVE STREET ADDRESS CITY-ST-7IP PARK RIDGE, NJ 07656 CITY-ST-ZIP TITI F SRVP ☐ Delete TITLE ☐ Change ■ Addition NAME COTTER, EDWARD NAME STREET ADDRESS ONE SONY DRIVE STREET ADDRESS CITY-ST-ZIP PARK RIDGE, NJ 07656 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.