2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P22116

1. Entity Name
MAZDA MOTOR OF AMERICA, INC.

Principal Place of Business	Mailing Address
ATTN: TAX DEPT P.O. BOX 19734 IRVINE, CA 92623-9734	ATTN: TAX DEPT P.O. BOX 19734 IRVINE, CA 92623-9734

DO NOT WRITE IN THIS SPACE

04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
95-2668359
☐ Applied For
☐ Not Applicab

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

6. Name and Address of Current Registered Agent

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

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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 accep the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD
NAME	O'SULLIVAN, JAMES
STREET ADDRESS	7755 IRVINE CENTER DR
CITY-ST-ZIP	IRVINE, CA 92718
TITLE	V
NAME	DAVIS, ROBERT
STREET ADDRESS	7755 IRVINE CTR DR
CITY-ST-ZIP	IRVINE, CA 92618
TITLE	T
NAME	SMITH, KATHLEEN
STREET ADDRESS	7755 IRVINE CENTER DRIVE
CITY-ST-ZIP	IRVINE, CA 92718
TITLE	VS
NAME	MERCER, ROBERT
STREET ADDRESS	7755 IRVINE CENTER DRIVE
CITY-ST-ZIP	IRVINE, CA 92618
TITLE	S
NAME	VILLANUEVA, PEDRO
STREET ADDRESS	7755 IRVINE CENTER DRIVE
CITY-ST-ZIP	IRVINE, CA 92718
TITLE	V
NAME	AMESTOY, JAY
STREET ADDRESS	7755 IRVINE CENTER DRIVE
CITY-ST-ZIP	IRVINE, CA 92718

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05/03/06-80063-011 150.00

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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 inform 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 d 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 Blo changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN SMITH 4/13/06 949-727-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #