## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P22116

Entity Name: MAZDA MOTOR OF AMERICA, INC.

FILED Mar 01, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
ATTN: TAX DEPT P.O. BOX 19734 IRVINE, CA 926239734				ATTN: TAX DEPT 7755 IRVINE CTR DR IRVINE, CA 92618		
Current Mailing Address:				New Mailing Address:		
ATTN: TAX DEPT P.O. BOX 19734 IRVINE, CA 926239734				ATTN: TAX DEPT 7755 IRVINE CTR DR IRVINE, CA 92618		
FEI Number: 95-2668359 FEI Number Applied For ( ) FEI Num				nber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US  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:						
SIGNATUR		Signature of Registered Agen	t			 Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS: ADDIT					S/CHANGE	S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () I O'SULLIVAN, JAI 7755 IRVINE CE IRVINE, CA 927	NTER DR		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V () I DAVIS, ROBERT 7755 IRVINE CTI IRVINE, CA 926	R DR		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	T () I SMITH, KATHLEI 7755 IRVINE CE IRVINE, CA 927	NTER DRIVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V () [ MERCER, ROBE 7755 IRVINE CE IRVINE, CA 926	RT NTER DRIVE		Title: Name: Address: City-St-Zip:	LIEVOIS, JAI	CENTER DRIVE
Title: Name: Address: City-St-Zip:	S () I VILLANUEVA, PE 7755 IRVINE CE IRVINE, CA 927	NTER DRIVE		Title: Name: Address: City-St-Zip:	MURPHY, SH	CENTER DRIVE
Title: Name: Address: City-St-Zip:	V ()[ AMESTOY, JAY 7755 IRVINE CE IRVINE, CA 927			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition

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: KATHLEEN SMITH T 03/01/2009