FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 1:09

DOCUMENT # **P22886** **(6)**

1. Corporation Name

YAMAHA CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
6600 ORANGETHORPE AVE BUENA PARK CA 90620 US	6600 ORANGETHORPE AVE BUENA PARK CA 90620 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1989
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0056086 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ARIMOTO, MASAHIKO	12 NAME	
STREET ADDRESS	6600 ORNAGETHORPE, AVE	13 STREET ADDRESS	
CITY-ST-ZIP	BUENA PARK CA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	RAUP, RONALD	22 NAME	
STREET ADDRESS	6600 ORANGETHORPE, AVE	23 STREET ADDRESS	
CITY-ST-ZIP	BUENA PARK CA	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	STANGE, ROGER E	32 NAME	
STREET ADDRESS	6600 ORANGETHORPE AVE	33 STREET ADDRESS	
CITY-ST-ZIP	BUENA PARK CA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	SAKASHITA, TETSUSHI	42 NAME	T RYOICHI SHIMANUKI
STREET ADDRESS	6600 ORANGETHORPE AVE	43 STREET ADDRESS	6600 ORANGETHORPE AVE.
CITY-ST-ZIP	BUENA PARK CA	44 CITY-ST-ZIP	BUENA PARK, CA 90620
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	SUZUKI, SHIGEBUMI	52 NAME	D NORIYUKI EGAWA
STREET ADDRESS	10-1 NAKAZAWA-CHO	53 STREET ADDRESS	
CITY-ST-ZIP	HAMAMATSU SH	54 CITY-ST-ZIP	JAPAN
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MORI, JUN K	62 NAME	
STREET ADDRESS	515 S FLOWER STE 1100	63 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ROGER STANGE 4/10/95 (714) 522-9157
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0481490 FN