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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P27089 (2)

APPROVED AND FILED

95 MAR 23 AM 10:15

DO NOT WRITE IN THIS SPACE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
SC SUITES CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 1251 AVE OF THE AMERICAS<br>22ND FLR<br>NEW YORK NY 10022<br>US | 1251 AVE OF THE AMERICAS<br>22ND FLR<br>NEW YORK NY 10022<br>US |

3. Date Incorporated: 11/30/1989 — Last Annual Report: 04/20/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24): 10020 — Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29): 10020 — Country (30)

4. FEI Number: 13-3543918 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA DR.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

(01) Name: THE PRENTICE-HALL CORPORATION STSTEM, INC.
(02) Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
(03): SUITE 105
(04) City: TALLAHASSEE (05) FL (06) Zip Code: 32301

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 | 1.1 TITLE | ☐ Change ☒ Addition |
| NAME | SHIGERU USUI | 1.2 NAME | |
| STREET ADDRESS | 1251 AVE OF THE AMERICAS 22ND FL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 1.4 CITY-ST-ZIP | 10020 |
| TITLE | TSD | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | YASUHIRO TAKASAKI | 2.2 NAME | |
| STREET ADDRESS | 1251 AVE OF THE AMERICAS 22ND FLR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAMARONECK NY | 2.4 CITY-ST-ZIP | NEW YORK, NY 10020 |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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: [signature] - YASUHIRO TAKASAKI 3/9/95 (212) 730-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000145 PP