2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29311

City-St-Zip: SEWELL, NJ 08080

FILED Apr 17, 2009 Secretary of State

Entity Name: SAPPORO U.S.A., INC.						
Current Principal Place of Business:			New Principal Place of Business:			
SUITE 1710	4TH STREET 0 K, NY 10017	US				
Current Mailing Address:			New Mailing Address:			
SUITE 1710	4TH STREET 0 K, NY 10017	US				
FEI Number: 13-3220323 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired		Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
ANTONUCCI, BRUCE 2685 HANROB ROAD ORLANDO, FL 32804 US			ULRICH, ZAC DM 9858 CLINT MOORE RD., C-111, #252 BOCA RATON, FL 33496 US			
The above in the State		ubmits this statement for the po	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATURE: ZAC ULRICH				04/17/2009		
Electronic Signature of Registered Agent			nt	Date		
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ST () MINAMI, MASAS 50 W 34TH ST, A NEW YORK, NY	APT #19C1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVP () MINAMI, MASAS 50 W 34TH ST, A NEW YORK, NY	APT #19C1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HASHIBA, NOBU 1-14-1-306 NISH		Title: Name: Address: City-St-Zip:	SHIOMICHI, K 44-5 MITAKEI	X) Change ()Addition KINYA DAI, AOBA-KU CITY, KANAGAWA, JP	
Title: Name: Address: City-St-Zip:	P () MASAWAKI, MIR 357 SHADOW C IRVINE, CA 926	AKS	Title: Name: Address: City-St-Zip:	P (UBUKATA, SE 107 LAKEVIE SCARSDALE,	W AVE.,	
Title: Name: Address:	PRONIO, FRANI	Delete (EGG HARBOR RD	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: MASASHI MINAMI EVP 04/17/2009