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

APPROVED AND FILED
95 MAY -1 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31641** **(4)**

1. Corporation Name
MITSUBISHI MOTORS CREDIT OF AMERICA, INC.

Principal Place of Business	Mailing Address
6363 KATELLA AVENUE (90630-5205) P.O. BOX 6039 CYPRESS CA 90630-0039	6363 KATELLA AVENUE (90630-5205) P.O. BOX 6039 CYPRESS CA 90630-0039

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: **11/02/1990**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **33-0431467** ☐ 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	UO, SEIICHI	12 NAME	
STREET ADDRESS	6363 KATELLA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	CYPRESS CA	14 CITY-ST-ZIP	
TITLE	VGD	21 TITLE	☐ Change ☐ Addition
NAME	TREDWAY, CHARLES	22 NAME	
STREET ADDRESS	6363 KATELLA AVE	23 STREET ADDRESS	
CITY-ST-ZIP	CYPRESS CA	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	Exec. V.P./Director ☒ Change ☐ Addition
NAME	YAMANO, TOSHIYA	32 NAME	Masaki Takahashi
STREET ADDRESS	6400 KATELLA AVE	33 STREET ADDRESS	6400 Katella Ave.
CITY-ST-ZIP	CYPRESS CA	34 CITY-ST-ZIP	Cyprss, CA 90630
TITLE	VST	41 TITLE	☐ Change ☐ Addition
NAME	SASAKI, YASUO	42 NAME	
STREET ADDRESS	6363 KATELLA AVE	43 STREET ADDRESS	
CITY-ST-ZIP	CYPRESS CA	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	ZORGER, JOHN	52 NAME	
STREET ADDRESS	6400 KATELLA AVE	53 STREET ADDRESS	
CITY-ST-ZIP	CYPRESS CA	54 CITY-ST-ZIP	
TITLE	DC	61 TITLE	☐ Change ☐ Addition
NAME	TOHEI, TAKEUCHI	62 NAME	
STREET ADDRESS	6400 KATELLA AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	CYPRESS 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: _____ Eric Eckes, Asst. Secretary 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481508 FN