

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34088

1. Entity Name

mitsui O.S.K. LINES (AMERICA) INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90142 050 ***150.00

0606251

Principal Place of Business HARBORSIDE FINANCIAL CENTER 601 JERSEY CITY NJ 07311 JS	Mailing Address HARBORSIDE FINANCIAL CENTER 601 JERSEY CITY NJ 07311 US
---	---

D0048551



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 160 Fieldcrest Avenue Suite, Apt. #, etc. Box 7804 City & State Edison, NJ Zip 08818-7804 Country	3. Mailing Address 160 Fieldcrest Avenue Suite, Apt. #, etc. Box 7804 City & State Edison, NJ Zip 08818-7804 Country
--	--

4. FEI Number 13-3351754	Applied For <input type="checkbox"/> Not Applicable
--------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P HAYASHI, JOGI 4443 DEERFIELD DANVILLE CA 94506	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SVP SCHOENHAUS, STEPHEN HARBORSIDE FIN'L CTR. JERSEY CITY NJ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
XVP KEENE, RAYMOND 210 TAPPAN LN ORINDA CA 94563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S LUZZATTO, ERNESTO 14 WALL ST. NEW YORK NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
= Address Change = 160 Fieldcrest Avenue, Box 7804 Edison, NJ 08818-7804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen Schoenhaus
STEPHEN SCHOENHAUS
SVP
4/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)