

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P34088

1. Entity Name
MOL (AMERICA) INC.



Principal Place of Business
**160 FIELDCREST AVENUE
BOX 7804
EDISON, NJ 08818-7804 US**

Mailing Address
**160 FIELDCREST AVENUE
BOX 7804
EDISON, NJ 08818-7804 US**



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3351754

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAYASHI, JOJI 4443 DEERFIELD DANVILLE, CA 94506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP SCHOENHAUS, STEPHEN 160 FIELDCREST AVENUE, BOX 7804 EDISON, NJ 088187804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	XVP KEENE, RAYMOND 210 TAPPAN LN ORINDA, CA 94563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	XVP KONISHI, TOSHIYA 2300 CLAYTON ROAD, SUITE 1500 CONCORD, CA 94520
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S YOSHITOMI, ROBERT 2040 MAIN STREET, STE 850 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000324860
04/22/05-80113-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen Schoenhauer **Stephen Schoenhauer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 (732) 512-5200

Date

Daytime Phone #