2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P34088 04-27-2007 90229 019 ***150.00 1. Entity Name MOL (AMERICA) INC. Principal Place of Business Mailing Address 160 FIELDCREST AVENUE 160 FIELDCREST AVENUE 60043212 BOX 7804 BOX 7804 EDISON, NJ 08818-7804 US EDISON, NJ 08818-7804 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 13-3351754 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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. 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. C TITL F Delete TITLE 5VP/D ☐ Change Addition 2 DYER, JAMES HAYASHI, JOJI NAME NAME STREET ADDRESS 4443 DEERFIELD 160 FIELDCREST AVENUE STREET ADDRESS DANVILLE, CA 94506 CITY-ST-7IP CITY - ST - ZIP EDISON. NJ 08818 EVP/D TITLE SVP **▼** Delete TITLE Change **Addition** YOSHIDA, TSUYOSHI 2300 CLAYTONROAD, SUITE 1500 CONCORD, CA 94520 NAME SCHOENHAUS, STEPHEN NAME STREET ADDRESS 160 FIELDCREST AVENUE, BOX 7804 STREET ADDRESS CITY-ST-ZIP EDISON, NJ 088187804 City - ST- 7IP TITLE ☐ Delete TITLE Change Change ☐ Addition YOSHITOMI, ROBERT NAME KELLY, THOMAS NAME NIXON PEABODY LLC 555 WEST 5th ST. LOS ANGELES CA 2300 CLAYTON RD STE 1500 46th FLR STREET ADDRESS STREET ADDRESS CONCORD, CA 94520 CITY-ST-ZIP CITY-ST-ZIP 90013 LOS ANGELES TITLE Delete TITLE Change ☐ Addition KONISHI, TOSHIYA NAME NAME STREET ADDRESS 2300 CLAYTON ROAD, SUITE 1500 STREET ADDRESS CITY-ST-ZIP CONCORD, CA 94520 CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition YOSHITOMI, ROBERT NAME NAME STREET ADDRESS 2040 MAIN STREET, STE 850 STREET ADDRESS CITY-ST-ZIP IRVINE, CA 92614 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SUZUKI, OSAMU NAME NAME STREET ADDRESS 2300 CLAYTON RD STE 1500 STREET ADDRESS CITY-ST-ZIP CONCORD, CA 94520 CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED