
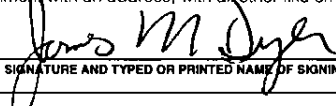


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90223 028 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 13-3351754	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DYER, JAMES 160 FIELDCREST AVE EDISON, NJ 08818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOSHIDA, TSUYOSHI 2300 CLAYTON ROAD, SUITE 1500 CONCORD, CA 94520	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, THOMAS 2300 CLAYTON RD STE 1500 CONCORD, CA 94520	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOSHITOMI, ROBERT 555 WEST 5TH ST. 46TH FLOOR LOS ANGELES, CA 90013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOSHITOMI, ROBERT 2040 MAIN STREET, STE 850 IRVINE, CA 92614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUZUKI, OSAMU 2300 CLAYTON RD STE 1500 CONCORD, CA 94520	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 an other like empowered.					
SIGNATURE: 			Date: 4/24/08 Daytime Phone #: 732-512-5337		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

MOL

ATTACHMENT

40090447

#P341088

Mitsui O.S.K. Lines (America) Inc.
160 Fieldcrest Avenue, Box 7804
Edison, NJ 08818-7804
732-512-5200
www.mitsuiosk.com

March 17, 2008

Dear Vendor,

MOL (America) is launching a program to convert all vendor payments to ACH (Automatic Clearing House). This new pay method will eliminate the costs and delays associated with paper checks. - Payments will be electronically deposited into your bank account and remittance details will be sent via email the day money is deposited. If this program is something that you would be interested in, please fill out the attached form and return it to my attention. You can return the form via mail, fax @ 732 512 5394, or email : Renee.Shepard@MOLAmerica.com

If you have any questions or concerns regarding ACH payments, please do not hesitate to contact me @ 732-512-5352 or Wanda Sanchez @ 732 512 5293.

I look forward to hearing from you.

Best Regards



A/P Supervisor

MITSUI O.S.K. LINES (AMERICA)
 Remittance Advice
 Date: 25-APR-2008 12:49

ATTACHMENT

40090447

#P34088

Payee:

FLORIDA DEPARTMENT OF STATE
 DIVISION OF COPORATIONS
 UNIFORM BUSINESS REPORT FILINGS
 PO BOX 1500
 TALLAHASSEE
 FL 32302-1500 US

Bank Name: MELLON BANK
 Account Name: COMPUTER CHECKS MOLAM
 Account Num: 26522
 Payment Number: 150601

Invoice Date	Invoice Number	Description	Discount Value	Amount
24-APR-08	080424R			150.00
USD Total:				150.00