**PROFIT** CORPORATION ANNUAL REPORT

1999

CT CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90289 007 \*\*\*450.00

| DOCUMENT | # | P94000002811 |
|----------|---|--------------|

1. Corporation Name

PARCEL Z, INC.

| 22   |                    | & State                                 |  |  |  |  |
|--|--------------------|---|--|--|--|--|
| Suite, Apt. #, etc.                          | Suite<br>27        | e, Apt. #, etc.                         |  |  |  |  |
| Principal Place of Business     1            | 2a. Mailir         | ng Address                              |  |  |  |  |
| C/O TOMEN AMERICA, INC.<br>NEW YORK NY 10019 | C/O TOM<br>NEW YOR | IEN AMERICA, INC.<br>RK NY 10019        |  |  |  |  |
| 1285 AVENUE OF THE AMERICAS.                 |                    | 1285 AVENUE OF THE AMERICAS, 36TH FLOOR |  |  |  |  |
| Principal Place of Business                  | Maining A          | Address                                 |  |  |  |  |

DO NOT WRITE IN THIS SPACE 3. Date Incorp

40 0700004



| 3. | Date Incorporated or Qualifed |             |
|----|-------------------------------|-------------|
|    | 01/12/1994                    |             |
| 4. | FEI Number                    | Applied For |

|                | 13-3/00921  |            | !                | 101 Applicable         |
|----------------|---|------------|------------------|------------------------|
|                | 5. Certifcate of Status Desired                           |            |                  | Additional<br>Required |
|                | 6. Election Campaign Financing Trust Fund Contribution    |            |                  | May Be<br>d to Fees    |
|                | This corporation owes the curre<br>Personal Property Tax. | ent year l | ntangible<br>Yes | □No                    |
|                | 10. Name and Address of New R                             | egistere   | d Agent          |                        |
| Name           |   |            |                  |                        |
| Street Address | s (P.O. Box Number is Not Accepta                         | ble)       |                  |                        |
|                |   |            |                  |                        |
| City           |   |            | 85 Zij           | p 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.

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City

| -              | · · · · · · · · · · · · · · · · · · ·   |                             |   |
|----------------|---|-----------------------------|---|
| SIGNATURE      | Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg | gistered Agent signature re | equired when reinstating) DATE                    |
| 12.            | OFFICERS AND DIRECTORS  | 13.                         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE          | D DELETE  | 1.1 TITLE                   | Pres  |
| NAME           | OSHIMA, SHUZA   | 1.2 NAME                    | McCarthy, James                                   |
| STREET ADDRESS | 1285 AVENUE OF THE AMERICAS, 36TH FLOOR   | 1,3 STREET ADDRESS          | 1285 Avenue of the Americas, 36th F1              |
| CITY-ST-ZIP    | NEW YORK NY 10019   | 1.4 CITY-ST-ZIP             | New York, NY 10019                                |
| TITLE          | PD Ø DELETE   | 2.1 TITLE                   | VP Change Z Addition                              |
| NAME           | KOBAYASHI, TADASHI  | 2.2 NAME                    | Umeki, Atsuo                                      |
| STREET ADDRESS | 1285 AVENUE OF THE AMERICAS, 36TH FLOOR   | 2.3 STREET ADDRESS          | 1285 Avenue of the Americas, 36 F1                |
| CITY-ST-ZIP    | NEW YORK NY 10019   | 2.4 CITY-ST-ZIP             | New York, NY 10019                                |
| TITLE          | VD DELETE   | 3.1 TITLE                   | Treas Change Addition                             |
| NAME           | MCCARTHY, JAMES   | 3.2 NAME                    | Mushika, Hideki                                   |
| STREET ADDRESS | 1285 AVENUE OF THE AMERICAS, 36TH FLOOR   | 3.3 STREET ADDRESS          | 1285 Avenue of the Americas, 36 F1                |
| CITY-ST-ZIP    | NEW YORK NY 10019   | 34. CITY-ST-ZIP             | New York, NY 10019                                |
| TITLE          | S DELETE  | 4.1 TITLE                   | Sec Addition                                      |
| NAME           | MARAIA, JOHN  | 4. 2 NAME                   | Maraia, John                                      |
| STREET ADDRESS | 1285 AVENUE OF THE AMERICAS, 36TH FLOOR   | 4.3 STREET ADDRESS          | 1285 Avenue of the Americas, 36 Fl                |
| CITY-ST-ZIP    | NEW YORK NY 10019   | 4.4 CITY-ST-ZIP             | Nov. Vork NV 10010                                |
| TITLE          | T DELETE  | 5.1 TITLE                   | Dir   |
| NAME           | MUSHIKA, HIDEKI   | 5.2 NAME                    | (See attached list for Directors)                 |
| STREET ADDRESS | 1285 AVENUE OF THE AMERICAS, 36TH FLOOR   | 5.3 STREET ADDRESS          | (See accached 1150 for birectors)                 |
| CITY-ST-ZIP    | NEW YORK NY 10019   | 5.4 CITY-ST-ZIP             |   |
| TITLE          | DELETE  | 6.1 TITLE                   | ☐ Change ☐ Addition                               |
| NAME           | ł   | 6.2 NAME                    | 1   |
| STREET ADDRESS |   | 6.3 STREET ADDRESS          |   |
|                | 1   | T                           | 1   |

14. 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 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 frequired 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, with all other like empowered.

James McCarthy, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

212 397 5808

CR2E034 (11/98)

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### LIST OF DIRECTORS

## For Florida Subsidiary Companies

#### Parcel Z, Inc.

Director: McCarthy, James c/o Tomen America, Inc. 1285 Avenue of the Americas, 36 Fl New York, NY 10019

Director: Oshima, Shuzo c/o Tomen America, Inc. 1285 Avenue of the Americas, 36 Fl New York, NY 10019

Director: Maraia, John c/o Tomen America, Inc. 1285 Avenue of the Americas, 36 Fl New York, NY 10019