

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000030798 (0)			
1. Corporation Name Parcel M-I, Inc.			
Principal Place of Business C/O: Tomen America, Inc. 1285 Avenue of the Americas New York, N.Y. 10019		Mailing Address C/O: James McCarthy 1285 Avenue of the Americas New York, N.Y. 10019	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23 Zip Country		27 City & State 28 Zip Country	
24		29	
3. Date Incorporated or Qualified 4/22/94		3a. Date of Last Report 5/1/96	
4. FEI Number 13-3831428		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent CT Corporation Systems 1200 South Pine Island Road Plantation, FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 607.0506, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Sano, Takashi 1285 Avenue of the Americas New York, NY 10019	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD McCarthy, James 1285 Avenue of the Americas New York, N.Y. 10019	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Oshima, Shuzo 1285 Avenue of the Americas New York, N.Y. 10019	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Cohen, Robert 1285 Avenue of the Americas New York, N.Y. 10019	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Mushika, Hideki 1285 Avenue of the Americas New York, N.Y. 10019	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	☐ Change ☐ Addition	300002178313 -05/13/97--01038--001 ***165.00 4/25/97 212-397-5808
14. I do 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 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.			
SIGNATURE: X		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	