

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

000454

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90212 007 \*\*\*300.00

DOCUMENT # P94000030798

1. Corporation Name  
PARCEL MH, INC.

Principal Place of Business  
1285 AVENUE OF THE AMERICAS, 36TH FLOOR  
C/O TOMEN AMERICA, INC.  
NEW YORK NY 10019

Mailing Address  
1285 AVENUE OF THE AMERICAS, 36TH FLOOR  
C/O TOMEN AMERICA, INC.  
NEW YORK NY 10019



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1994

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
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 607.0505, 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOBAYASHI, TADASHI	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS, 36TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCARTHY, JAMES	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS, 36TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARAIA, JOHN	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS, 36TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MUSHIKA, HIDEKI	
STREET ADDRESS	1285 AVE OF THE AMERICANS, 36 FL	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McCarthy, James	
1.3 STREET ADDRESS	1285 Avenue of the Americas, 36th Fl	
1.4 CITY-ST-ZIP	New York, NY 10019	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Umeki, Atsuo	
2.3 STREET ADDRESS	1285 Avenue of the Americas, 36 Fl	
2.4 CITY-ST-ZIP	New York, NY 10019	
3.1 TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mushika, Hideki	
3.3 STREET ADDRESS	1285 Avenue of the Americas, 36 Fl	
3.4 CITY-ST-ZIP	New York, NY 10019	
4.1 TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Maraia, John	
4.3 STREET ADDRESS	1285 Avenue of the Americas, 36 Fl	
4.4 CITY-ST-ZIP	New York, NY 10019	
5.1 TITLE	Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	(See attached list for Directors)	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 required 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.

SIGNATURE:

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

Date

Daytime Phone #

212 397 5808

CR2E034 (11/98)

P94000030798  
434526-90212-13

**LIST OF DIRECTORS**  
**For Florida Subsidiary Companies**

***Parcel M-I, 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