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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000044635 (8)**

1. Corporation Name

TCF AMERICA, INC.



Principal Place of Business

Mailing Address

**201 E. PINE ST.
SUITE 1200
ORLANDO FL 32801**

**201 E. PINE ST.
SUITE 1200
ORLANDO FL 32801**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, PAMELA O
201 E. PINE ST.
SUITE 1200
ORLANDO FL 32801**

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 (if not identical, attach separate sheet)

(If 31E Registered Agent signature required when filing, attach)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **FUJITA, SENJI**
STREET ADDRESS **201 E. PINE ST., #1200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DP** ☐ DELETE

NAME **TAKAI, YOSHIMI**
STREET ADDRESS **201 E. PINE ST., #1200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DV** ☐ DELETE

NAME **WIENER, WILLIAM J**
STREET ADDRESS **201 E. PINE ST., #1200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DS** ☒ DELETE

NAME **KAWAI, KOICHI**
STREET ADDRESS **201 E. PINE ST., #1200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DT** ☐ DELETE

NAME **NODA, YUJI**
STREET ADDRESS **201 E. PINE ST., #1200**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DTS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yoshimi Takai April 15, 1996 (212) 418-0100

Director

CR2E034 (12/95)