

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

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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 # P95000075035

1. Corporation Name  
PARCEL MHI, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-3887525	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 25		29 30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBAYASHI, TADASHI	1.2 NAME	McCarthy, James
STREET ADDRESS	1285 AVENUE OF THE AMERICAS 36TH FLOOR	1.3 STREET ADDRESS	1285 Avenue of the Americas, 36th Fl
CITY-ST-ZIP	NEW YORK NY 10019	1.4 CITY-ST-ZIP	New York, NY 10019
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACARTHY, JAMES	2.2 NAME	Umeki, Atsuo
STREET ADDRESS	1285 AVENUE OF THE AMERICAS 36TH FLOOR	2.3 STREET ADDRESS	1285 Avenue of the Americas, 36 Fl
CITY-ST-ZIP	NEW YORK NY 10019	2.4 CITY-ST-ZIP	New York, NY 10019
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSHIMA, SHUZO	3.2 NAME	Mushika, Hideki
STREET ADDRESS	1285 AVENUE OF THE AMERICAS 36TH FLOOR	3.3 STREET ADDRESS	1285 Avenue of the Americas, 36 Fl
CITY-ST-ZIP	NEW YORK NY 10019	3.4 CITY-ST-ZIP	New York, NY 10019
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	New York, NY 10019
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIDEKI, MUSHIKA	5.2 NAME	(See attached list for Directors)
STREET ADDRESS	1285 AVENUE OF THE AMERICAS 36TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *James McCarthy* 4/17/99 212 397 5808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

P95000075035  
434526-90212-14

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

***Parcel M-II, 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