2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2014
Secretary of State
CC8082003823

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Entity Name: HITACHI CABLE AMERICA INC.

Current Principal Place of Business:

10 BANK ST, SUITE 590
WHITE PLAINS, NY 10606

Current Mailing Address:

9101 ELY ROAD
PENSACOLA, FL 32514

FEI Number: 13-3063610

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES, WAYNE
9101 ELY RD
PENSACOLA, FL 32514 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, CEO
Name	HATANO, TOMOYUKI
Address	10 BANK ST, SUITE 590
City-State-Zip:	WHITE PLAINS NY 10606

Title	SECRETARY, CFO
Name	KOJIMA, TATSUYA
Address	10 BANK ST, SUITE 590
City-State-Zip:	WHITE PLAINS NY 10606

Title	COO
Name	HUMENIK, LYNNE
Address	900 HOLT AVENUE EAST INDUSTRIAL PARK
City-State-Zip:	MANCHESTER NH 03109

Title	DIRECTOR
Name	OTSUKA, MASAHIRO
Address	SEAVANS NORTH 2-1 SHIBAURA 1-CHOME MINATO-KU
City-State-Zip:	TOKYO 105-8614

Title	COO
Name	JONES, WAYNE
Address	9101 ELY ROAD
City-State-Zip:	PENSACOLA FL 32514

Title	CTO
Name	SHIMIZU, MICHIAKI
Address	5300 GRANT LINE ROAD
City-State-Zip:	NEW ALBANY IN 47150

Title	DIRECTOR
Name	KAMATA, JUNICHI
Address	2 MANHATTANVILLE ROAD
City-State-Zip:	PURCHASE NY 10577

Title	DIRECTOR
Name	OTSUKA, TAKAO
Address	SEAVANS NORTH 2-1 SHIBAURA 1-CHOME MINATO-KU
City-State-Zip:	TOKYO 105-8614

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE JONES — CHIEF OPERATING OFFICER — 04/30/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MURAKAMI, KAZUYA
Address	SEAVANS NORTH 2-1 SHIBAURA 1-CHOME MINATO-KU
City-State-Zip:	TOKYO 105-8614

Title	DIRECTOR
Name	TAMAI, TOSHIAKI
Address	SEAVANS NIRTH 2-1 SHIBAURA 1-CHOME MINATO-KU
City-State-Zip:	TOKYO 105-8614