2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2022
Secretary of State
7741612066CC

DOCUMENT# F20000000298

Entity Name: KOWA AMERICAN CORPORATION

Current Principal Place of Business:

55 E 59 ST 19A
NEW YORK, NY 10022

Current Mailing Address:

55 E 59 ST 19A
NEW YORK, NY 10022

FEI Number: 13-5641923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE , FL 32312 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, DIRECTOR
Name	HATA, SATOSHI
Address	55 E 59 ST 19A
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	MIWA, NAOKI
Address	4-14 NIHONBASHI 3-CHOME,
City-State-Zip:	CHUO-KU

Title	DIRECTOR
Name	KAWAMATA, MASAYOSHI
Address	4-14 NIHONBASHI 3-CHOME
City-State-Zip:	CHUO-KU TOKYO

Title	DIRECTOR
Name	MISHINA, YSUHARU
Address	4-14 NIHONBASHI 3-CHOME,
City-State-Zip:	CHUO-KU TOKYO, JAPAN

Title	TS
Name	SARUWATARI, YOSHIZO
Address	55 E 59 ST 19A
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	SAKO, MASAYOSHI
Address	4-14 NIHONBASHI 3-CHOME
City-State-Zip:	CHUO-KU

Title	DIRECTOR
Name	IWASA, OHIDE
Address	4-14 NIHONBASHI 3-CHOME
City-State-Zip:	CHUO-KU TOKYO

Title	DIRECTOR
Name	FUKUSHIMA, MASAYUKI
Address	4-14 NIHONBASHI 3-CHOME
City-State-Zip:	CHUO-KU

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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: YOSHIZO SARUWATARI TREASURER 03/09/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KASIO, KAZUAKI
Address	4-14 NIHONBASHI 3-CHOME
City-State-Zip:	CHUO-KU