

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003308

**Entity Name:** DNP CORPORATION USA**Current Principal Place of Business:**780 THIRD AVENUE, #1000  
NEW YORK, NY 10017**Current Mailing Address:**780 THIRD AVENUE, #1000  
NEW YORK, NY 10017 US**FEI Number:** 13-3949690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name            SEYAMA, TOMOHIRO  
Address        1-1 ICHIGAYA KAGACHO, 1-CHOME,  
                  SHINJUKU-KU  
City-State-Zip: TOKYO    162-8001

Title            SECRETARY, TREASURER  
Name            YAMAZAKI, TSURUGI  
Address        780 THIRD AVENUE #1000  
City-State-Zip: NEW YORK NY 10017

Title            DIRECTOR  
Name            FURUYA, SHIGEMI  
Address        1-1-1 ICHIGAYA-KAGACHO  
City-State-Zip: SHINJUKU-KU TOKYO 162-8001, JP

Title            VP  
Name            SUEKANE, SHINJI  
Address        21 WEST END AVE. #2312  
City-State-Zip: NEW YORK NY 10023

Title            DIRECTOR  
Name            KUROYANAGI, MASAFUMI  
Address        1-1-1 ICHIGAYA-KAGACHO  
City-State-Zip: SHINJUKU-KU, TOKYO 162-8001, JP

*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:** SHINJI SUEKANE**AUTHORIZED PERSON****04/06/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date