

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 818588

1. Entity Name
AMERICAN HONDA MOTOR CO INC



Principal Place of Business
**1919 TORRANCE BLVD
TORRANCE, CA 90501 US**

Mailing Address
**1919 TORRANCE BLVD
TORRANCE, CA 90501 US**



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2041006

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
KONDO, KOICHI
1919 TORRANCE BLVD
TORRANCE, CA 905012746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
RICHARD COLLIVER
1919 TORRANCE BLVD
TORRANCE, CA 90501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
ELLIOTT, THOMAS
1919 TORRANCE BLVD
TORRANCE, CA 90501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
HALE, CHESTER
1919 TORRANCE BLVD
TORRANCE, CA 905012746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
TAKEMURA, HIDEO
1919 TORRANCE BLVD
TORRANCE, CA 90501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HIRASHIMA, KOKI
24000 HONDA PKWY
MARYSVILLE, OH 43040**

**DO NOT WRITE
IN THIS SPACE**

U00000360424
05/05/05-80029-023 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26 2005

310-783-2000

Date

Daytime Phone #