


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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90021 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818588

1. Corporation 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified 03/19/1965	4. FEI Number 95-2041006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AMEMIYA, KOICHI	
STREET ADDRESS	1919 TORRANCE BLVD	
CITY-ST-ZIP	TORRANCE CA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	RICHARD COLLIVER	
STREET ADDRESS	1919 TORRANCE BLVD	
CITY-ST-ZIP	TORRANCE, CA. 90501	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	KOBAYASHI, TADAO	
STREET ADDRESS	1919 TORRANCE BLVD	
CITY-ST-ZIP	TORRANCE CA	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	HALE, CHESTER	
STREET ADDRESS	1919 TORRANCE BLVD	
CITY-ST-ZIP	TORRANCE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSAMU IIDA	
STREET ADDRESS	1919 TORRANCE BLVD	
CITY-ST-ZIP	TORRANCE CA 90501	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAKEO FUKUI	
STREET ADDRESS	24000 HONDA PKWY	
CITY-ST-ZIP	MARYSVILLE OH 43040	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SEE STATEMENT ATTACHED
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **X** *[Signature]* **Wendell J. King, Jr.** Date **3/10/99** Daytime Phone # **783-2000**

CR2E034 (11/98)