

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004701

Entity Name: BANDO USA, INC.

Current Principal Place of Business:

1149 W. BRYN MAWR AVE.
ITASCA, IL 60143

Current Mailing Address:

1149 W. BRYN MAWR AVE.
ITASCA, IL 60143

FEI Number: 52-1704945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OATHOUT, LEE
291 PINE STRAW CIRCLE
ALTAMONTE SPRINGS, FL 32714 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 CHRM
Name OHARA, MASAO
Address 1149 W. BRYN MAWR AVE.
City-State-Zip: ITASCA IL 60143

Title DIRECTOR
Name LAUDADIO, JOSEPH
Address 1149 W. BRYN MAWR AVE.
City-State-Zip: ITASCA IL 60143

Title VPD
Name SANEMATSU, KENT
Address 2720 PIONEER DR.
City-State-Zip: BOWLING GREEN KY 42101

Title PRESIDENT
Name SUZUKI, KAZUO
Address 1149 W. BRYN MAWR AVE.
City-State-Zip: ITASCA IL 60143

Title DIRECTOR
Name SOMEDA, ATSUSHI
Address 1149 W. BRYN MAWR AVE.
City-State-Zip: ITASCA IL 60143

Title DIRECTOR
Name HAYASHI, KAZUYUKI
Address 1149 W. BRYN MAWR AVE.
City-State-Zip: ITASCA IL 60143

Title DIRECTOR
Name MAMBA, KAZUYUKI
Address 1149 W. BRYN MAWR AVE.
City-State-Zip: ITASCA IL 60143

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: JOSEPH LAUDADIO

EXECUTIVE DIRECTOR

04/29/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date