

1.) CORPORATION NAME:

**NIPPONKOA Management Corporation**

DUE DATE: **5/31/2012**

SCC ID NO: **F1750779**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14 WALL STREET, SUITE 812

CITY/ST/ZIP: NEW YORK, NY 10005-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KAZUHIRO KAWACHIMARU  OFFICER  DIRECTOR  
 TITLE: PRESIDENT  
 ADDRESS: 14 WALL STREET, SUITE 812  
 CITY/ST/ZIP/CO: NEW YORK, NY 10005-

NAME: TOSHIYUKI AMARI  OFFICER  DIRECTOR  
 TITLE: VP CORP. SEC  
 ADDRESS: 14 WALL STREET, SUITE 812  
 CITY/ST/ZIP/CO: NEW YORK, NY 10005-

NAME: LEE C MARTIN  OFFICER  DIRECTOR  
 TITLE: VICE PRESIDENT  
 ADDRESS: 601 S FIGUEROA ST.  
 CITY/ST/ZIP/CO: LOS ANGELES, CA 90017-

NAME: ICHIO SAWADA  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 3-7-3 KASUMIGASEKI  
 TOKYO,,,JAPAN  
 CITY/ST/ZIP/CO: , - ,

NAME: HIDETAKA TAKAHASHI  OFFICER  DIRECTOR  
 TITLE: TREASURER  
 ADDRESS: 14 WALL STREET, SUITE 812  
 CITY/ST/ZIP/CO: NEW YORK, NY 10005-

NAME:                    ATSUSHI MAKINO TITLE:                    VICE PRESIDENT ADDRESS:                601 S FIGUEROA ST. CITY/ST/ZIP/CO:        LOS ANGELES, CA 90017-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                    MASAHIKO ISHIYAMA TITLE:                    VICE PRESIDENT ADDRESS:                180 NORTH LASALLE, SUITE 2503 CITY/ST/ZIP/CO:        CHICAGO, IL 60601-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                    HARUHIKO IKI TITLE:                    VICE PRESIDENT ADDRESS:                14 WALL STREET, SUITE 812 CITY/ST/ZIP/CO:        NEW YORK, NY 10005-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME:                    SHARON D MORRISON TITLE:                    VICE PRESIDENT ADDRESS:                14 WALL STREET SUITE 812 CITY/ST/ZIP/CO:        NEW YORK, NY 10005-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                    ANTHONY STOLA TITLE:                    VICE PRESIDENT ADDRESS:                14 WALL STREET, SUITE 812 CITY/ST/ZIP/CO:        NEW YORK, NY 10005-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                    JOSEPH M THORNTON TITLE:                    VICE PRESIDENT ADDRESS:                ONE TOWER SQUARE 24MS CITY/ST/ZIP/CO:        HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ SHARON D MORRISON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARON D MORRISON, VICE _____ PRESIDENT PRINTED NAME AND CORPORATE TITLE
3/20/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	