

1.) CORPORATION NAME:

SONY CORPORATION OF AMERICA

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

SCC ID NO: **F1907254**

1111 E MAIN ST

BANK OF AMERICA CTR 16TH FL

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 550 Madison Avenue

CITY/ST/ZIP: New York, NY 10022

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:	NICOLE K SELIGMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	550 MADISON AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME:	STEVEN E KOBER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP & CFO		
ADDRESS:	550 MADISON AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME:	KUNI FUJITA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	550 MADISON AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME:	MICHAEL LYNTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	550 MADISON AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME:	KAZUO HIRAI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	550 MADISON AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME:	MASARU KATO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	550 MADISON AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E KHALIL SECRETARY 550 MADISON AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY JO GREEN TREASURER 550 MADISON AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN L HALBY SENIOR VP 555 MADISON AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY BOEHM VP 555 MADISON AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY M PODOROWSKY ASST SECRETARY 550 MADISON AVENUE NEW YORK, NY 10022	<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/ STEVEN E KOBER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN E KOBER, EVP & CFO PRINTED NAME AND CORPORATE TITLE	9/9/2013 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.			