COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R4 / 11-16) Prescribed by the Department of Local Government Finance 1107 6 0 NOL

FORM CF-1/PP

PRIVACY NOTICE This form contains information confidential pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

- INSTRUCTIONS: 1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
 - This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15 of each year, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.

3. With the approval of the de-	signating bod		information fo NNFORMATI		cts may be o	onsolidated on o	ne (1) con	npliance (CF-1)			
Name of taxpayer		tracatinata-ta	altine Jennial			County					
Sony DADC US, Inc.	IAI	Vigo									
Address of taxpayer (number and street, city, state, and ZIP code)							DLGF taxing district number				
25 Madison Ave, 26th Floor, New York, NY 10010											
Name of contact person						Telephone numbe					
Richard Gramkow	(212)833-4194										
SECTION 2	LOCATION	ON AND DES	CRIPTION O	F PROPERTY							
Name of designating body	Resolution number Estimated start date (month, day, year)						day, year)				
Common Council, City of Terre Haute 6-2011						7/1/2011					
Location of property								Actual start date (month, day, year)			
1800 N. Fruitridge Avenue, Terre Haute, IN 47804							7/1/2011				
Description of new manufacturing equipment, or new res	earch and deve	elopment equipm	nent, or new in	formation technol	ogy	Estimated comple					
equipment, or new logistical distribution equipment to be acquired. New machinery & equipment to expand capacity of existing product lines to meet market demand.							3/1/2012				
rien masimony a oquipmon to expanse expansi	о. оо р.					Actual completion date (month, day, year)					
						3	/1/2012				
SECTION 3		EMPLOYEE	S AND SALA	RIES							
EMPLOYEE	EMPLOYEES AND SALARIES					AS ESTIMATED ON SB-1 ACTUAL					
Current number of employees						1,312		919			
Salaries						60,865,002.00					
Number of employees retained		1,312		919							
Salaries		60,865,002.00 39,34		9,349,491.73							
Number of additional employees		0		0							
Salaries	NAME OF STREET			the out of		0.00	AUG 18 18 18 18 18 18 18 18 18 18 18 18 18	0.00			
SECTION 4			ND VALUES	是於自然有意義							
	EQUI	ACTURING R & D EQUIPMENT ASSESSED ASSESSED			LOGIST DIST EQUIPMENT ASSESSED		IT EQUIPMENT ASSESSED				
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	VALUE	COST	VALUE	COST	VALUE			
Values before project		161,800,000.00 28,800,000.00		1		 					
Plus: Values of proposed project Less: Values of any property being replaced		28,800,000.00									
Net values upon completion of project		190,600,000.00	-	1		+					
Net values upon completion of project	2007	ASSESSED		ASSESSED	0007	ASSESSED	COST	ASSESSED			
ACTUAL	COST	VALUE	COST	VALUE	COST	VALUE	COST	VALUE			
Values before project		161,800,000.00									
Plus: Values of proposed project		28,800,000.00									
Less: Values of any property being replaced											
Net values upon completion of project		190,600,000.00									
NOTE: The COST of the property is confidential	pursuant to I	C 6-1.1-12.1-	5.6(c).								
SECTION 5 WASTE CO	NVERTED A	ND OTHER E	BENEFITS PI	ROMISED BY T	HE TAXPA	/ER					
WASTE CONVERTED						ATED ON SB-1	A	CTUAL			
Amount of solid waste converted											
Amount of hazardous waste converted							(A)				
Other benefits:						·					
SECTION 6		TAXPAYER	CERTIFICAT	TION							
I hereby certify that the representations in this	statement are	Search delication of the search of the searc									
Signature of authorized corresentative			Title			Date signed (mon	th day yes	()			
			THIE			Date Signed (mon	u. uav. vea	1			
			THIE			Date Signed (mon	u. uav. vea	1.1			

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1) THAT WAS APPROVED AFTER JUNE 30, 1991.

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

- This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
- Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
- 3. If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the County Assessor and the County Auditor.
- 4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
- If the designating body determines that the property owner has NOT made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the County Auditor; and (3) the County Assessor.

We have reviewed the CF-1 and find that: the property owner IS in substantial compliance the property owner IS NOT in substantial compliance other (specify)			CCCATTERNAL			
Reasons for the determination (atlach	additional sheets if necessary)		<u>.</u>			
Signature of authorized member				Date signed (month, day, year)		
Attested by:			Designating body			
time has been set aside for the	purpose of considering complian	nce.		unity for a hearing. The following date and		
Time of hearing AM	Date of hearing (month, day, year)	Location of I				
		ILTS (to be	completed after the hearing)			
	Approved		Denied (see instruction 5 abo	ove)		
Reasons for the determination (attach	oudilundi siteets II Hetessaly)					
Signature of authorized member				Date signed (month, day, year)		
Attested by:			Designating body			
	APPEA	L RIGHTS [IC 6-1.1-12.1-5.9(e)]			
				sion by filing a complaint in the office of the		