

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001618 (7)**

1. Corporation Name

BROTHER INTERNATIONAL CORPORATION



Principal Place of Business

Mailing Address

200 COTTONTAIL LANE
SOMERSET NJ 08875

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SOMERSET NJ 08875

3. Date Incorporated or Qualified 03/30/1994	3a. Date of Last Report 06/20/1995
4. FEI Number 22-3142007	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 has liability for intangible tax under s. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GUNJI, H	
STREET ADDRESS	30 CHRISTY DRIVE	
CITY-STATE-ZIP	WARREN NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, MARK	
STREET ADDRESS	58 OLD FORT RD.	
CITY-STATE-ZIP	BERNARDSVILLE NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REIGROD, R	
STREET ADDRESS	4000 TOWERSIDE TERRACE UNITE 804	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NAKAGAWA, R T	
STREET ADDRESS	1100 JOHNSTON DRIVE	
CITY-STATE-ZIP	WATCHUNG NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHULMAN, D	
STREET ADDRESS	20 FOX HILL LANE	
CITY-STATE-ZIP	SHORT HILLS NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAPLAN, B	
STREET ADDRESS	1104 CHANNEL DRIVE	
CITY-STATE-ZIP	MONMOUTH BEACH NJ	

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	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VTSD
2.3 STREET ADDRESS	EDWARD DABROWSKI
2.4 CITY-STATE-ZIP	128 Fairview Road
	SKILLMAN NJ
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96 (908) 764-4014
DATE TELEPHONE #

CR2E034 (12/95)