


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90104 043 \*\*\*150.00

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|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F94000001618**

1. Corporation Name  
**BROTHER INTERNATIONAL CORPORATION**



|  |  |
|--|--|
| Principal Place of Business<br>100 SOMERSET CORPORATE BLVD<br>BRIDGEWATER NJ 08807<br>US | Mailing Address<br>100 SOMERSET CORPORATE BLVD<br>BRIDGEWATER NJ 08807<br>US |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |                     |  |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified<br><b>03/30/1994</b>   |
| 21                             | 26                  | 4. FEI Number<br><b>22-3142007</b>   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |
| 22                             | 27                  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                   |
| City & State                   | City & State        | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23                             | 28                  |  |
| Zip Country                    | Zip Country         |  |
| 24                             | 29                  | 30   |

|  |  |   |                       |
|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent                      |  | 10. Name and Address of New Registered Agent          |                       |
| CORPORATION SERVICE COMPANY<br>1201 HAYS ST.<br>TALLAHASSEE FL 32301 |  | 81 Name   |                       |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|  |  | 83  |                       |
|  |  | 84 City   | <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | CD <input type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GUNJI, H                             | 1.2 NAME  |   |
| STREET ADDRESS             | 30 CHRISTY DRIVE                     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WARREN NJ                            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VTSD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DABROWSKI, EDWARD                    | 2.2 NAME  |   |
| STREET ADDRESS             | 128 FAIRVIEW ROAD                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SKILLMAN NJ                          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | REIGROD, R                           | 3.2 NAME  |   |
| STREET ADDRESS             | 4000 TOWERSIDE TERRACE UNITE 804     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL                             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NAKAGAWA, R T                        | 4.2 NAME  |   |
| STREET ADDRESS             | 1100 JOHNSTON DRIVE                  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WATCHUNG NJ                          | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SHULMAN, D                           | 5.2 NAME  |   |
| STREET ADDRESS             | 20 FOX HILL LANE                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SHORT HILLS NJ                       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CAPLAN, B                            | 6.2 NAME  |   |
| STREET ADDRESS             | 1104 CHANNEL DRIVE                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MONMOUTH BEACH NJ                    | 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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, with all other like empowered.

SIGNATURE: *[Signature]* SECRETARY **4/8/99 908-252-3016**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)