


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90207 042 \*\*\*550.00

**DOCUMENT # F94000001618**  
 1. Entity Name  
**BROTHER INTERNATIONAL CORPORATION**



Principal Place of Business  
**100 SOMERSET CORPORATE BLVD**  
**BRIDGEWATER, NJ 08807 US**

Mailing Address  
**100 SOMERSET CORPORATE BLVD**  
**BRIDGEWATER, NJ 08807 US**

**DO NOT WRITE IN THIS SPACE**



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**22-3142007**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS ST**  
**TALLAHASSEE, FL 32301**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KOIKE, TOSHIKAZU 100 SOMERSET CORPORATE BLVD BRIDGEWATER, NJ 08807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MELFI, ANTHONY 100 SOMERSET CORPORATE BLVD BRIDGEWATER, NJ 08807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TADA, YUICHI 100 SOMERSET CORPORATE BLVD BRIDGEWATER, NJ 08807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHULMAN, D 20 FOX HILL LANE SHORT HILLS, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KAGEYAMA, HIROO 100 SOMERSET CORPORATE BLVD BRIDGEWATER, NJ 08807 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ *[Signature]* **9/3/04** **908-252-3022**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #