## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # F95000002226

1. Entity Name

## HITACHI DATA SYSTEMS CREDIT CORPORATION



FILED Apr 21, 2004 8:00 am Secretary of State

04-21-2004 90074 025 \*\*\*150.00

Principal Place	e of Business	Mailing Address							
750 CENTRAL EXPRESSWAY SANTA CLARA CA 95050 US		750 CENTRAL EXPRESSWAY SANTA CLARA CA 95050 US			1 168 1100 1170 (BIB) BIII 1 80 11 80 11 80 11	Pen send HE	<b>n</b>	INN († 1821	
2. Principal Place of Business		3. Mailing Address							
<u></u>				_	. 1 1491199    0   <b> 2151 1</b> 1111   0       0   1    <b>21</b> 111				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CF	2E034 (	11/03)		
City & State	3	City & State	-	4. 8	94-2837030			plied For Applicable	
Zip	Country	Zip	Country	.5. (	Certificate of Status Desired		8.75 Add		
	6. Name and Address of Current	Registered Agent		7. N	lame and Address of New Regi	stered Ag	ent		
		-	Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street	Street Address (P.O. Box Number is Not Acceptable)					
-									
			City		, , , , , , , , , , , , , , , , , , ,	FL	Zip Code	)	
	named entity submits this statement for	or the purpose of changing its	registered office	r registered ag	ent, or both, in the State of Florid	a. I am far	niliar with,	and accept	
the obligati	ions of registered agent.							ļ	
SIGNATURE .					·			-	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sign	ture required when re	oinstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Finance	nina	ee 0	<b>.</b>	
	May 1, 2004 Fee will be \$550.00 Payable to Florida Department o	f State			Trust Fund Contribution.			May Be to Fees	
10.	OFFICERS AND	and the second	11.	AD	L DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	SIN 11	
TITLE	P	Ž Delete	TITLE	PRESIDE			Change	Addition	
	KUROSAWA, KENICHI	E3 Daine	NAME		O TAKECHI	•			
	1		STREET ADDRESS	1		•			
CITY-ST-ZIP	SANTA-CLARA-CA-95050		CITY-ST-ZIP	i	LARA, CA 95050				
TITLE	D	☐ Delete	TITLE		<u> </u>	[	_ Change	☐ Addition	
NAME	ROBERSON, DAVID E		NAME						
STREET ADDRESS	750 CENTRAL EXPRESSWAY		STREET ADDRESS						
CITY-ST-ZIP	SANTA CLARA CA 95050		CITY-ST-ZIP						
TITLE	VPT	☐ Delete	TITLE			[	Change	☐ Addition	
NAME	LUBRATICH, JOHN		NAME		and the second s	<b>4</b> - ,	_		
"'STREET ADDRESS" CITY-ST-ZIP	750 CENTRAL EXPRESSWAY		STREET ADDRESS CITY-ST-ZIP	}					
	SANTA CLARA CA 95050	<u> </u>		<del>- </del>			7.05	FT Addition	
TITLE Name	COPLANS, GREGORY M	☐ Delete	TITLE NAME	Ť		L	☐ Change	Addition	
STREET ADDRESS	750 CENTRAL EXPRESSWAY		STREET ADDRESS	1					
CITY-ST-ZIP	SANTA CLARA CA 95050		CITY-ST-ZIP						
TITLE		, Delete	TITLE	<del> </del>			Change	Addition	
NAME		10000	NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			[	Change	Addition	
NAME			NAME						
STREET ADDRESS		•	STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					
12. I hereby	certify that the information supplied wit	h this filing does not qualify for	the exemption st	ated in Section	119.07(3)(i), Florida Statutes. I fu	rther certif	that the ir	formation	

12. 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.

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SIG	N	ΔT	UF	ÌΕ:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04/02/04

(408) 970-1020

Daytime Phone #