2000 UNIFORM BUSINESS REPORT (UBR)

OFFICERS AND DIRECTORS

DOCUMENT # F9900005031

Entity Name

TOSHIBA AMERICA BUSINESS SOLUTIONS, INC.

Principal Place of	Business	Mailing Addres	88			
2 MUSICK IRVINE CA 92618-1	631	2 MUSICK IRVINE CA 92611	8-1631			
2, Principal Place	o of Rusiness	3. Mailing Addr	roce		1 120/120 (1) 10/12 (1) 10/12 (1) 10/12 (1)	
2. Francipal Flace	e or dazmess	3. Walling Addi		1 1961/85 (1) 16/(8 19/1) 16/(1 19/1)		
Suite, Apt. #, etc.		Suite, Apt. #,	, etc.	DO NOT WE		
City & State		City & State	City & State		4. FEI Number 33-086530	
Zip	Country	Zip	Cou	ntry _. .	5. Certificate of Status Desired	
	6. Name and Address of Cui	rrent Registered Agent	Registered Agent		7. Name and Address of New	
0.7.00	DRODATION OVOTEN			Name		
	rporation system Outh Pine Island Road		Street Addres		ss (P.O. Box Number is Not Acceptabl	
PLANTA	ATION FL 33324					
				City		
8. The above nar	med entity submits this stateme	ent for the purpose of ch	nanging its register	red office or regis	stered agent, or both, in the State of F	
SIGNATURE Sign	nature, typed or printed name of registered	agent and title if applicable.	(NOTE: Register	ed Agent signature requ	uired when reinstating)	
9. This corporati	·	LE NOW!!! FEE	10. Election Campaign F			

Delete

Delete

Delete

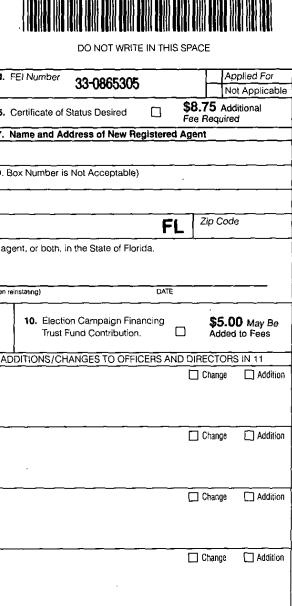
Delete

Delete

☐ Delete

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90115 029 ***150.00



13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Make Check Payable to Department of State

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

(See criteria on back)

PD

2 MUSICK

INAI, AKIRA

2 MUSICK

2 MUSICK

WILES, NEIL

2 MUSICK

2 MUSICK

CFO

EVERSOLE, DENNIS

IRVINE CA 92618-1631

IRVINE CA 92618-1631

YAMASHITA, SHUNICHI

IRVINE CA 92618-1631

IRVINE CA 92618-1631

THULLEN, MATTHEW P

IRVINE CA 92618-1631

11.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

TITLE

NAME

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

948 462-6310

☐ Change

☐ Change

☐ Addition

Addition

. Daytime Phone