

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005031

FILED  
Apr 05, 2012  
Secretary of State

**Entity Name:** TOSHIBA AMERICA BUSINESS SOLUTIONS, INC.

**Current Principal Place of Business:**

2 MUSICK  
IRVINE, CA 926181631 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 MUSICK  
IRVINE, CA 926181631

**New Mailing Address:**

2 MUSICK  
IRVINE, CA 926181631 US

**FEI Number:** 33-0865305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: MATHEWS, MARK  
Address: 2 MUSICK  
City-St-Zip: IRVINE, CA 926181631

Title: D  
Name: SAWADA, NOBORU  
Address: 2 MUSICK  
City-St-Zip: IRVINE, CA 926181631

Title: CEOD  
Name: YAMADA, MASAHIRO  
Address: 2 MUSICK  
City-St-Zip: IRVINE, CA 926181631

Title: D  
Name: YOSHIHIDE, FUJII  
Address: 2 MUSICK  
City-St-Zip: IRVINE, CA 92618

Title: S  
Name: WHITE, JASON  
Address: 2 MUSICK  
City-St-Zip: IRVINE, CA 926181631

Title: CFO  
Name: TORCASO, MICHAEL  
Address: 2 MUSICK  
City-St-Zip: IRVINE, CA 92618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: T. JASON WHITE

SEC

04/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date