

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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06891 (6)

1. Corporation Name
EPSON AMERICA, INC.



Principal Place of Business 20770 MADRONA AVENUE TORRANCE CA 90503-3777	Mailing Address 20770 MADRONA AVENUE TORRANCE CA 90503-3777
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/26/1985	3a. Date of Last Report 03/06/1996
21	26	4. FEI Number 95-2935679	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	28	29
23	28	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	24	25
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIWA, NORIO	1.2 NAME	
STREET ADDRESS	20770 MADRONA AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TORRANCE CA	1.4 CITY - ST - ZIP	
TITLE	EVST <input type="checkbox"/> DELETE	2.1 TITLE	Executive Vice President. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAWA, SHOSUKE	2.2 NAME	
STREET ADDRESS	20770 MADRONA AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TORRANCE CA	2.4 CITY - ST - ZIP	
TITLE	EVPC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JOHN D	3.2 NAME	
STREET ADDRESS	20770 MADRONA AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TORRANCE CA	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULOT, RICHARD	4.2 NAME	
STREET ADDRESS	20770 MADRONA AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TORRANCE CA	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONFREY, JOHN R	5.2 NAME	
STREET ADDRESS	20770 MADRONA AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TORRANCE CA	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	V.P. Secretary & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POUND, ALAN D.	6.2 NAME	Akihiko Sakai
STREET ADDRESS	20770 MADRONA AVE	6.3 STREET ADDRESS	20770 Madrona Ave
CITY - ST - ZIP	TORRANCE CA	6.4 CITY - ST - ZIP	Torrance, CA. 90503

14. I do 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 or 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.

SIGNATURE: *Akihiko Sakai* DATE: APR. 29 '97 DAYTIME PHONE: 310-782-5017

CP2E034 (9/96)