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Secretary of State

03-31-1999 90064 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P06891

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/26/1985

4. FEI Number
95-2935679

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **20770 Madrona Avenue**

22 City & State

27 **MS C3-00**

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

23 Zip Country

28 **Torrance CA**

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

24 Zip Country

29 **90503** 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO DELETE
 NAME NIWA, NORIO
 STREET ADDRESS 20770 MADRONA AVE
 CITY-ST-ZIP TORRANCE CA

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VPST DELETE
 NAME AKIHOKO, SAKAI
 STREET ADDRESS 20770 MADRONA AVE
 CITY-ST-ZIP TORRANCE CA 90503

2.1 TITLE Change Addition
 2.2 NAME VPST SAKAI, AKIHIKO
 2.3 STREET ADDRESS 20770 MADRONA AVE.
 2.4 CITY-ST-ZIP TORRANCE, CA 90503

TITLE VP DELETE
 NAME LANG, JOHN D
 STREET ADDRESS 20770 MADRONA AVE
 CITY-ST-ZIP TORRANCE CA

3.1 TITLE Change Addition
 3.2 NAME SEVP & COO LANG, JOHN D.
 3.3 STREET ADDRESS 20770 MADRONA AVE.
 3.4 CITY-ST-ZIP TORRANCE, CA

TITLE VP DELETE
 NAME BULOT, RICHARD
 STREET ADDRESS 20770 MADRONA AVE
 CITY-ST-ZIP TORRANCE CA

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE VP DELETE
 NAME CRANE, DANIEL
 STREET ADDRESS 20770 MADRONA AVE
 CITY-ST-ZIP TORRANCE CA 90503

5.1 TITLE Change Addition
 5.2 NAME vp Fabrice J. Commelin
 5.3 STREET ADDRESS 20770 Madrona Ave.
 5.4 CITY-ST-ZIP Torrance, CA 90503

TITLE VCFO DELETE
 NAME POUND, ALAN D.
 STREET ADDRESS 20770 MADRONA AVE
 CITY-ST-ZIP TORRANCE CA

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowerments.

SIGNATURE: *Akihiko Sakai* SIGNATURE: *Fabrice J. Commelin* Mar. 22 99 (310) 882 4355
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)