



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P06891 1. Entity Name EPSON AMERICA, INC.	
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Principal Place of Business 3840 KILROY AIRPORT WY LONG BEACH, CA 90806	Mailing Address 3840 KILROY AIRPORT WY LONG BEACH, CA 90806
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**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-2935679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIWA, NORIO 3840 KILROY AIRPORT WY LONG BEACH, CA 90806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST KITAMURA, HIDEKI 3840 KILROY AIRPORT WY LONG BEACH, CA 90806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANG, JOHN D 3840 KILROY AIRPORT WY LONG BEACH, CA 90806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRATZBERG, KEITH M 3840 KILROY AIRPORT WAY LONG BEACH, CA 90806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMMELIN, FABRICE J 3840 KILROY AIRPORT WY LONG BEACH, CA 90806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO POUND, ALAN D. 3840 KILROY AIRPORT WY LONG BEACH, CA 90806

U00000761832  
 05/25/07-80071-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Alan D. Pound* Date: 4/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR