## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06891

Entity Name: EPSON AMERICA, INC.

FILED Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3840 KILROY AIRPORT WY LONG BEACH, CA 90806 **Current Mailing Address: New Mailing Address:** 3840 KILROY AIRPORT WY LONG BEACH, CA 90806 FEI Number: 95-2935679 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NIWA, NORIO Name: Name: 3840 KILROY AIRPORT WY Address: Address: City-St-Zip: LONG BEACH, CA 90806 City-St-Zip: **VPST** Title: **VPST** Title: () Delete (X) Change ( ) Addition Name: KITAMURA, HIDEKI Name: MIZUNO, TETSUYA 3840 KILROY AIRPORT WY 3840 KILROY AIRPORT WY Address: Address: LONG BEACH, CA 90806 City-St-Zip: City-St-Zip: LONG BEACH, CA 90806 Title: ( ) Delete Title: () Change () Addition LANG, JOHN D Name: Name: 3840 KILROY AIRPORT WY Address: Address: LONG BEACH, CA 90806 City-St-Zip: City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition KRATZBERG, KEITH M Name: Name: Address: 3840 KILROY AIRPORT WAY Address: City-St-Zip: LONG BEACH, CA 90806 City-St-Zip: Title: Title: () Delete () Change () Addition COMMELIN, FABRICE J Name: Name: 3840 KILROY AIRPORT WY Address: Address: City-St-Zip: LONG BEACH, CA 90806 City-St-Zip: Title: **VCFO** () Delete Title: () Change () Addition Name: POUND, ALAN D. Name: 3840 KILROY AIRPORT WY Address: Address: City-St-Zip: City-St-Zip: LONG BEACH, CA 90806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL FORMICA CTLR 04/30/2008