

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90207 014 ***150.00

DOCUMENT # P09062

1. Entity Name
LANIER WORLDWIDE, INC.



Principal Place of Business
**2300 PARKLAKE DRIVE N E
ATLANTA, GA 30345**

Mailing Address
**2300 PARKLAKE DRIVE N E
ATLANTA, GA 30345**

60001063



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2606737

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

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	P GOTO, NORISHIA	<input type="checkbox"/> Delete
STREET ADDRESS	2300 PARKLAKE DR NE	
CITY-ST-ZIP	ATLANTA, GA 30345	
TITLE NAME	S NIX, PAUL B	<input type="checkbox"/> Delete
STREET ADDRESS	2300 PARKLAKE DR NE	
CITY-ST-ZIP	ATLANTA, GA 30345	
TITLE NAME	VCFO MCBRAYER, STEVEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2300 PARKLAKE DR	
CITY-ST-ZIP	ATLANTA, GA 30345	
TITLE NAME	T RESS, TOM A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2300 PARKLAKE DR NE	
CITY-ST-ZIP	ATLANTA, GA 30345	
TITLE NAME	DOT DONALDSON, RANDALL E	<input type="checkbox"/> Delete
STREET ADDRESS	2300 PARKLAKE DR NE	
CITY-ST-ZIP	ATLANTA, GA 30345	
TITLE NAME	D YOSHIDA, KATSUMI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2300 PARKLAKE DR NE	
CITY-ST-ZIP	ATLANTA, GA 30345	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP & Treasurer Masayoshi Ikeda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2300 Parklake Dr	
CITY-ST-ZIP	Atlanta, GA 30345	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Director Susumu Ichioka	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2300 Parklake Dr.	
CITY-ST-ZIP	Atlanta, GA 30345	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07 (770) 621-1601

Date

Daytime Phone #