

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21764 (6)**
1. Corporation Name
FUJITSU BUSINESS COMMUNICATION SYSTEMS, INC.



Principal Place of Business: **3190 MIRA LOMA AVE. ANAHEIM CA 92806**
Mailing Address: **3190 MIRA LOMA AVE. ANAHEIM CA 92806**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	11/15/1988	05/01/1995
22 City & State	27 City & State	4. FET Number	Applied For / Not Applicable
23 Zip	28 Zip	95-3004475	
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	<input type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 607.0507 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 _____ DATE _____
Signature typed or printed name of registered agent or director of corporation (If registered agent, signature required on this filing)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAROLLO, ANTHONY V JR	
STREET ADDRESS	6660 E SAN MIGUEL	
CITY - ST - ZIP	PARADISE VALLEY AZ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAWADA, SUMIO	
STREET ADDRESS	59 EAGLE RUN DR	
CITY - ST - ZIP	IRVINE CA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TRACY, RICHARD	
STREET ADDRESS	2108 CRESTVIEW DRIVE	
CITY - ST - ZIP	LAGUNA BEACH CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KENNETH D. SHIRLEY	
STREET ADDRESS	20214 BARNARD AVE	
CITY - ST - ZIP	WALNUT CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOYLE, MICHAEL	
STREET ADDRESS	6546 DEER LN	
CITY - ST - ZIP	PALOS HGTS IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CALLAHAN, RAYMOND W	
STREET ADDRESS	22612 DEMASIA	
CITY - ST - ZIP	MISSION VIEJO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), 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: *RM Tracy* **4/29/96** **714-630-7721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE EXPIRES PLEASE

CR2E034 (12/95)