


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P27376**  
 1. Entity Name  
**NEC SOLUTIONS (AMERICA), INC.**



Principal Place of Business 10850 GOLD CENTER DR #200 STE 200 RANCHO CORDOVA, CA 95670 US	Mailing Address 10850 GOLD CENTER DR #200 STE 200 RANCHO CORDOVA, CA 95670 US
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3112037	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

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

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO IWANAMI, TOSHIMITSU 10850 GOLD CENTER DRIVE STE 200 RANCHO CORDOVA, CA 95670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOBAYASHI, KAZUHIKO 7-1 SHIBA 5 CHOME MINATO KV TOKYO 108-8001 JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOSHIDA, JUN 7-1 SHIBA 5 CHOME MINATO KV TOKYO 108-8001 JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAWAMURA, TOSHIRO 7-1 SHIBA 5 CHOME MINATO KV TOKYO 108-8001 JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS TOGAWA, AKIRA 15 BUSINESS PARK WAY SACRAMENTO, CA 95828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SADOWSKI, TONY 1250 N ARLINGTON HTS ROAD ITASCA, IL 60143

100000183820  
01/20/05-80005-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* \_\_\_\_\_ **1/18/05** **916-636-5035**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #