

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 # **P34715** (3)

1. Corporation Name
FLORIDA DIVISION - TRAX INC.



Principal Place of Business: **1340 S. PERIMETER HIGHWAY ATLANTA GA 30349**
Mailing Address: **1340 S. PERIMETER HIGHWAY ATLANTA GA 30349**

3. Date Incorporated or Qualified: **07/16/1991**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21-23) and Mailing Address (24-26) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: **58-0875829**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes 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 (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: C <input type="checkbox"/> DELETE	NAME: KATAOKA, M. STREET ADDRESS: 1340 S. PERIMETER HWY CITY-ST-ZIP: ATLANTA GA
TITLE: DV <input type="checkbox"/> DELETE	NAME: ANABUKI, H. STREET ADDRESS: 245 PEACHTREE CENTER AVE CITY-ST-ZIP: ATLANTA GA
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: WATANABE, NOBUAKI STREET ADDRESS: AMOCO BUILDING STE 4838 CITY-ST-ZIP: CHICAGO IL
TITLE: DP <input type="checkbox"/> DELETE	NAME: HUMPHREY, H. STREET ADDRESS: 1340 S. PERIMETER HWY CITY-ST-ZIP: ATLANTA GA
TITLE: ST <input type="checkbox"/> DELETE	NAME: GRAY, GEORGE STREET ADDRESS: 1340 S. PERIMETER HWY CITY-ST-ZIP: ATLANTA GA
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: HOSHINA, MASAHIRO STREET ADDRESS: 450 LEXINGTON AVE CITY-ST-ZIP: NEW YORK NY 04

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: Kataoka, Masayuki
1.3 STREET ADDRESS: 200 E. Randolph Drive, Suite 4838	1.4 CITY-ST-ZIP: Chicago, IL 60601-6524
2.1 TITLE: Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: Morita, Noriki
2.3 STREET ADDRESS: 1340 S. Perimeter Highway	2.4 CITY-ST-ZIP: Atlanta, GA 30349
3.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME: Ogawa, Hiroshi
3.3 STREET ADDRESS: 4-2, Ohtemachi 1-Chome	3.4 CITY-ST-ZIP: Chiyoda-ku, Tokyo, Japan
4.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME: Yoshijima, Kensuke
4.3 STREET ADDRESS: 4-2, Ohtemachi 1-Chome	4.4 CITY-ST-ZIP: Chiyoda-ku, Tokyo, Japan
5.1 TITLE: Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME: Deborah C. Tyner
5.3 STREET ADDRESS: 1340 S. Perimeter Highway	5.4 CITY-ST-ZIP: Atlanta, GA 30349
6.1 TITLE: Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: George W. Gray
6.3 STREET ADDRESS: 1340 S. Perimeter Highway	6.4 CITY-ST-ZIP: Atlanta, GA 30349

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)(k), 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: *[Signature]* 4/25/96 770-996-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (12/95)