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 # P38067 (5)

1. Corporation Name
BRUCE TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business
25 ESQUIRE ROAD
NORTH BELLRICA MA 01862

Mailing Address
25 ESQUIRE ROAD
NORTH BELLRICA MA 01862

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 03/26/1992
3a. Date of Last Report: 02/14/1995
4. FEI Number: 04-3144511 — Applied For / Not Applicable
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
C T CORPORATION SYSTEM
1200 SOUTH 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 607.0502 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 _____ NEW Registered Agent Signature _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	SUZUKI, MAKOTO	
STREET ADDRESS	192 KENNEDY DR	
CITY-ST-ZIP	MALDEN MA	
TITLE	PD	☐ DELETE
NAME	MACAULIFFE, ROBERT P.	
STREET ADDRESS	23 ELLEN ROAD	
CITY-ST-ZIP	BURLINGTON MA	
TITLE	SD	☐ DELETE
NAME	NEUWIRTH, ALAN J.	
STREET ADDRESS	216 RIVER ROAD	
CITY-ST-ZIP	SACRBOROUGH NY	
TITLE	TD	☐ DELETE
NAME	SUZUKI, TAKERO	
STREET ADDRESS	19 KESSLER FARM DR	
CITY-ST-ZIP	NASHUA NH	
TITLE	D	☐ DELETE
NAME	KOSA, TAMIYA	
STREET ADDRESS	3-14-20 HIGASHI-NAKANO	
CITY-ST-ZIP	NAKANO-KU TO	
TITLE	D	☒ DELETE
NAME	SASAKI, MASAAKI	
STREET ADDRESS	3-15-21 HINOMINAMI KOUNA	
CITY-ST-ZIP	KANAGAWA-PRE, JAPAN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☑ Addition
1.2 NAME	Finocchario, Mark, F.	
1.3 STREET ADDRESS	81 Pleasant St.	
1.4 CITY-ST-ZIP	Metheun, MA 01844	
2.1 TITLE	VP	☐ Change ☑ Addition
2.2 NAME	McCarthy, Timothy J.	
2.3 STREET ADDRESS	7 Greenbriar Drive	
2.4 CITY-ST-ZIP	Shrewsbury, MA 01545	
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	Kurokawa, Harushige	
3.3 STREET ADDRESS	2-1 Yasuuchi Yatsuo-Machi Neigun	
3.4 CITY-ST-ZIP	Toyama 939-23, JAPAN	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: _____ 4/25/96 (508) 670-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)