

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P38067** (5)
1. Corporation Name
BRUCE TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business
**25 ESQUIRE ROAD
NORTH BELLICA MA 01862**

Mailing Address
**25 ESQUIRE ROAD
NORTH BELLICA MA 01862-2501**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
03/26/1992

3a. Date of Last Report
05/01/1996

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reappointing)

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 **VP** ☒ DELETE
NAME **FINOCHARIO, MARK F.**
STREET ADDRESS **81 PLEASANT ST**
CITY-ST-ZIP **METHEUN MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DIRECTOR** ☐ Change ☒ Addition
12 NAME **KENJI FUKUDA**
13 STREET ADDRESS **P/S HIGASHI-NAKANO 0406**
14 CITY-ST-ZIP **3-14-20 HIGASHI-NAKANO**

21 TITLE **DIRECTOR** ☐ Change ☒ Addition
22 NAME **SHINICHI TANAKA**
23 STREET ADDRESS **(SAME AS ABOVE)**
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

TAKERO

SUZUKI

5/15/97

508-670-5501

FILED
Jun 03 1997 8:00am
Secretary of State



CR2E034 (9/96)