

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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38067 (5)

1. Corporation Name: **KOKUSAI BTI CORPORATION**



Principal Place of Business: 25 ESQUIRE ROAD NORTH BELLRICA MA 01862	Mailing Address: 25 ESQUIRE ROAD NORTH BELLRICA MA 01862
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 03/26/1992	
4. FEI Number 04-3144511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (NAME) Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SUZUKI, MAKOTO	
STREET ADDRESS	192 KENNEDY DR	
CITY-ST-ZIP	MALDEN MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACAULIFFE, ROBERT P.	
STREET ADDRESS	23 ELLEN ROAD	
CITY-ST-ZIP	BURLINGTON MA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEUWIRTH, ALAN J.	
STREET ADDRESS	216 RIVER ROAD	
CITY-ST-ZIP	SACRBOROUGH NY	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SUZUKI, TAKERO	
STREET ADDRESS	19 KESSLER FARM DR	
CITY-ST-ZIP	NASHUA NH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FUKUDA, KENJI	
STREET ADDRESS	P'S HIGASHI-NAKANO BLDG, 3-14-20 HIGASHI	
CITY-ST-ZIP	NAKANO-KU TO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TANAKA, SHINICHI	
STREET ADDRESS	P'S HIGASHI-NAKANO BLDG, 3-14-20 HIGASHI	
CITY-ST-ZIP	NAKANO-KU TO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	ATSUSHI SUGITA	
13. STREET ADDRESS	625 MAIN ST.	
14. CITY-ST-ZIP	READING, MA	
21. TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	PATRICK MORTON	
23. STREET ADDRESS	699 MANRUSA LANE	
24. CITY-ST-ZIP	LOS ALTOS, CA	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I 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:  **ATSUSHI SUGITA** 6/10/98 978-866-8140

CR2E034 (10/97)