

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90448 017 ***150.00

DOCUMENT # P38067

1. Entity Name
**KOKUSAI SEMICONDUCTOR EQUIPMENT
CORPORATION**



Principal Place of Business
**2460 N FIRST ST, STE 290
SAN JOSE, CA 95131 US**

Mailing Address
**2460 N FIRST ST, STE 290
SAN JOSE, CA 95131 US**

50015060



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3144511

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
OZAWA, MASAKAZU
2460 N FIRST ST, STE 290
SAN JOSE, CA 95131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SATO, KEN-ICHI
2460 N FIRST ST, STE 290
SAN JOSE, CA 95131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BERNANDI, ROBERT
1211 SE CARDINAL CT, STE 130
VANCOUVER, WA 98683**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEUWIRTH, ALAN
101 PARK AVENUE
NEW YORK, NY 10178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AKITA, YUKIO
2460 N FIRST ST, STE 290
SAN JOSE, CA 95131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/06

408-474-3131