

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90108 036 ***550.00

0613617 AT

DOCUMENT # P38067

1. Entity Name
KOKUSAI SEMICONDUCTOR EQUIPMENT CORPORATION



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
1957 Concourse Drive

3. Mailing Address
1957 Concourse Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
San Jose, CA

City & State
San Jose, CA

4. FEI Number **04-3144511**

Applied For
Not Applicable

Zip
95131-1729

Country
USA

Zip
95131-1729

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
OZAWA, MASAKAZU
1957 CONCOURSE DRIVE, SUITE C
SAN JOSE CA 95131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MORTON, PATRICK
699 MANRESA LANE
LOS ALTOS CA** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SATO, KEN-ICHI
1957 CONCOURSE DRIVE
SAN JOSE, CA 95131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FINOCCHARIO, MARK
81 PLEASANT STREET
METHUEN MA 01844** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROBERT BERNANDI
12215 NE MARX STREET
PORTLAND, OR 97230** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOUSEI NOMIYA
1957 CONCOURSE DRIVE
SAN JOSE, CA 95131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

408-456-2750

Daytime Phone #

CR2E034 (10/02)