

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P36228 (5)

1. Corporation Name  
MTSUI MACHINERY DISTRIBUTION, INC.

Principal Place of Business

BOX 429  
BRIDGEPORT NJ 08014

Mailing Address

BOX 429  
BRIDGEPORT NJ 08014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1991

4. FEI Number

22-2115859

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KITAMURA, K.  
STREET ADDRESS 850 MARSEILLES DRIVE  
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE D  
NAME HISAGA, Y  
STREET ADDRESS 25 ROSEBERRY CT, NARATICON  
CITY-ST-ZIP DEPTFORD NJ ☒ DELETE

TITLE D  
NAME KITAZAWA, S.  
STREET ADDRESS 1-2-5-203 SHINMACHI TSUJIDO  
CITY-ST-ZIP FUJISAWA CITY JA ☒ DELETE

TITLE D  
NAME KUSHIBE, Y  
STREET ADDRESS 2707-11 ASHIGAOKA, HANAM IGAWA  
CITY-ST-ZIP CHIBA CITY JA ☒ DELETE

TITLE PD  
NAME DUCE, S.  
STREET ADDRESS 109 BORTONS ROAD  
CITY-ST-ZIP MARLTON NJ ☐ DELETE

TITLE ST  
NAME O'ROURKE, W.J.  
STREET ADDRESS 2201 YELLOWSTONE ROAD  
CITY-ST-ZIP CINNAMINSON NJ ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D  
2.3 STREET ADDRESS HORIKOSHI, K.  
2.4 CITY-ST-ZIP 64 TENBY CHASE DRIVE  
DOORHEES, NJ 08043

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME D  
3.3 STREET ADDRESS OGAWA, S  
3.4 CITY-ST-ZIP 1-2-1, OHTEMACHI  
TOKYO, JAPAN

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D  
4.3 STREET ADDRESS MANABE, K  
4.4 CITY-ST-ZIP 15-5, 1 CHOMB, NISHI-SHIMBASHI  
MINATO-KU, JAPAN

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 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.

CR2E034 (10/97)