

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

FILED
May 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 # **P40947** (4)
1. Corporation Name
FANUC ROBOTICS NORTH AMERICA, INC.



Principal Place of Business
**2000 SOUTH ADAMS RD.
AUBURN HILLS MI 48326-2800**

Mailing Address
**2000 SOUTH ADAMS RD.
AUBURN HILLS MI 48326-2800**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3900 W. Hamlin Road Suite, Apt. #, etc. 22 City & State 23 Rochester Hills, MI Zip Country 24 48309 25 USA		2a. Mailing Address 26 3900 W. Hamlin Road Suite, Apt. #, etc. 27 City & State 28 Rochester Hills, MI Zip Country 29 48309 30 USA		3. Date Incorporated or Qualified 10/07/1992	
		4. FEI Number 38-3067354		Applied For 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 checked="" type="checkbox"/> No			

g. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		81 Name		10. Name and Address of New Registered Agent	
		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

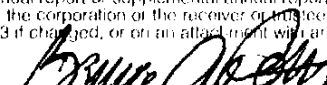
(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INABA, SEIUEMON, DR.	1.2 NAME	
STREET ADDRESS	3580 SHIBOKUSA AZA-KOMANBA OSHINO-MURA	1.3 STREET ADDRESS	
CITY-ST-ZIP	YAMANASHI JA	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITTELSTADT, ERIC	2.2 NAME	
STREET ADDRESS	2000 SOUTH ADAMS RD.	2.3 STREET ADDRESS	3900 W. Hamlin
CITY-ST-ZIP	AUBURN HILLS MI	2.4 CITY-ST-ZIP	Rochester Hills, MI 48309
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTS, BRUCE	3.2 NAME	
STREET ADDRESS	2000 SOUTH ADAMS RD.	3.3 STREET ADDRESS	3900 W. Hamlin
CITY-ST-ZIP	AUBURN HILLS MI 48326	3.4 CITY-ST-ZIP	Rochester Hills, MI 48309
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, R	4.2 NAME	
STREET ADDRESS	3580 SHIBOKUSA AZA-KOMANBA OSHINO-MURA	4.3 STREET ADDRESS	
CITY-ST-ZIP	YAMANASHI JAPAN	4.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKEEL, HADI	5.2 NAME	
STREET ADDRESS	2000 SOUTH ADAMS RD.	5.3 STREET ADDRESS	3900 W. Hamlin
CITY-ST-ZIP	AUBURN HILLS MI	5.4 CITY-ST-ZIP	Rochester Hills, MI 48309
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INABA, HAJIMU	6.2 NAME	
STREET ADDRESS	2000 SOUTH ADAMS ROAD	6.3 STREET ADDRESS	3900 W. Hamlin
CITY-ST-ZIP	AUBURN HILLS MI	6.4 CITY-ST-ZIP	Rochester Hills, MI 48309

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:

 Bruce A. Potts, Senior Vice President 4/28/98

CR2E034 (10/97)