2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9300004472 1. Entity Name YAESU MUSEN U.S.A., INC.						Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90393 018 ***150.00			
Principal Place of Business Mailing Address									
			DEDWARDS RD. RITOS CA 90703						
2. Principal Place of Business 10900 WALKER STREET 3. Mailing Address							ABIAI BBIIA BIBII BIBI		
Suite, Apt. #, etc. Suite, Apt. #, etc.				;		DO NOT WRITE IN THIS SPACE			
City & Stat	ESS CA	City & State			4. [4. FEI Number P5-2815202 Applied For Not Applicable			
Zip 9063		Zip	Country	/	5. (Certificate of Status Desired	\$8.75 Ad	Iditional	
100.7	6. Name and Address of Current Ro	egistered Agent	1		7. l	Name and Address of New Registe		-	
				Name					
CARRILLO, CLAUDIA - 8350·N.W. 52ND-TERRACE				Street A	et Address (P.O. Box Number is Not Acceptable)				
SUITE 201						· · · · · · · · · · · · · · · · · · ·	- -		
MIAMI FL 33166				City	FL Zip Code				
8. The above	named entity submits this statement for t	he purpose of changing its re	egistered	l office or	registered ag	gent, or both, in the State of Florida.	!		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)				\$ \$150.0 ill be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be	
11.	OFFICERS AND D	RECTORS	12.			DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HASEGAWA, JUN 17210 EDWARDS RD. CERRITOS CA 90703	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	10900 1	MAN KSEGAWA WALKER ST' SS, CA 90630	⊱ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAMA, HERMINIA 333 GINA DR CARSON CA 90745	□ Delete	TITLE NAME STREET CITY-S	address T-zip	28407	PENT 14 KODA RIDGETHORNE CT . PALOS VERDES CA .	□ Change	(⊠ Addition	
TITLE	PCOD	⊠ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS	-KOBAYASHI; MASAYUKI 28407 RIDGETHORNE COURT		NAME_ STREET	ADDRESS				<u></u>	
CITY-ST-ZIP	RANCHO PALOS VERDES CA		CITY-S	T-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	-			☐ Change	☐ Addition	
STREET ADDRESS	ı			ADORESS					
CITY-ST-ZIP			CITY-S	T-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP			CITY-S						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-71P			☐ Change	Addition	
13. I hereby of indicated	Lecrtify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empowers and attachment with the control of the receiver or trustee empowers and the control of the receiver or trustee.	ue and accurate and that my	ne exemp signatur	ption stat re shall ha	ave the same I	legal effect as if made under oath; th	at I am an office	r or director	

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTO

4-1-2002

(562) 404-2700

Daytime Phone #