

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000003458

1. Entity Name
RIGAKU/MSC, INC.



Principal Place of Business
9009 NEW TRAILS DR
THE WOODLANDS, TX 77381

Mailing Address
9009 NEW TRAILS DR
THE WOODLANDS, TX 77381



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2258053

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, 2005 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
CD
SHIMURA, HIKARU
9009 NEW TRAILS DRIVE
THE WOODLANDS, TX 77381

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUGIYAMA, YASUHIRO
14 S. MANORCLIFF PLACE
THE WOODLANDS, TX 77382

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
KITAGAWA, MELVYN
35 S. CHANDLER CREEK CIRCLE
THE WOODLANDS, TX 77381

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SWEPSTON, PAUL
58 REDBUD RIDGE
THE WOODLANDS, TX 77380

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HARDENBURG, WES
1900 TAYLOR RD
AUBURN HILLS, MI 48326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUHRKE, VIC
10 SANDSTONE ST
PORTOLA VALLEY, CA 94028

U000000193133
01/25/05-80048-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

281-363-1033