

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001353

Entity Name: HITACHI ALOKA MEDICAL AMERICA, INC.

Current Principal Place of Business:

10 FAIRFIELD BLVD.
WALINGFORD, CT 06492

Current Mailing Address:

10 FAIRFIELD BLVD.
WALINGFORD, CT 06492

FEI Number: 46-4932266

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name FAMIGLIETTI, DAVID
Address 10 FAIRFIELD BLVD.
City-State-Zip: WALINGFORD CT 06492

Title ST
Name KOBAYASHI, RAY
Address 10 FAIRFIELD BLVD.
City-State-Zip: WALINGFORD CT 06492

Title D
Name TANIGUCHI, YASUHIKO
Address 10 FAIRFIELD BLVD.
City-State-Zip: WALINGFORD CT 06492

Title D
Name KIYOMURA, YUKITOSHI
Address 10 FAIRFIELD BLVD.
City-State-Zip: WALINGFORD CT 06492

Title D
Name KOMACHI, HIROYUKI
Address 10 FAIRFIELD BLVD.
City-State-Zip: WALINGFORD CT 06492

Title D
Name KAWANO, TOSHIHIKO
Address 10 FAIRFIELD BLVD.
City-State-Zip: WALINGFORD CT 06492

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAY KOBAYASHI

SECRETARY

02/12/2015

Electronic Signature of Signing Officer/Director Detail

Date