The above hamee			lered agent, or both
SIGNATURE	:		
	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
Title	DIRECTOR	Title	DIRECTOR
Name	KUROMARU, TAKU	Name	SHINYA , FUJ
Address	6623 WEST WASHINGTON STREET	Address	6623 WEST W
City State Zin:		City-State-Zin:	

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1500000086

Entity Name: TOSHIBA AMERICA ENERGY SYSTEMS CORPORATION

Current Principal Place of Business:

6623 WEST WASHINGTON STREET WEST ALLIS. WI 53214

Current Mailing Address:

6623 WEST WASHINGTON STREET WEST ALLIS. WI 53214 US

FEI Number: 47-2395579

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US

0 Ti JJITSUKA Ν VASHINGTON STREET Α City-State-Zip: WEST ALLIS WI 53214 City-State-Zip: WEST ALLIS WI 53214 Title DIRECTOR Title DIRECTOR Name ARIMA, YUKI Name RYUJI, MARIYAMA, Address 6623 WEST WASHINGTON STREET Address 6623 WEST WASHINGTON STREET WEST ALLIS WI 53214 City-State-Zip: WEST ALLIS WI 53214 City-State-Zip: Title CFO DIRECTOR/PRESIDENT/CEO Title Name KUROMYO, HISAMI Name MORITA, DAISUKE Address 6623 WEST WASHINGTON STREET 6623 WEST WASHINGTON STREET Address City-State-Zip: WEST ALLIS WI 53214 WEST ALLIS WI 53214 City-State-Zip: Title SENIOR VICE PRESIDENT Title VP, SECRETARY SIMMONS, JEFF Name BOLAND, DAWN Name 6623 WEST WASHINGTON STREET Address 6623 WEST WASHINGTON STREET Address City-State-Zip: WEST ALLIS WI 53214 WEST ALLIS WI 53214 City-State-Zip:

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

Continues on page 2

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: DAWN BOLAND

VP/SECRETARY

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 01, 2023 Secretary of State 1056602643CC

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	SENIOR VICE PRESIDENT	Title	VP
Name	HIETPAS, LEE	Name	TORVIK, SCOTT
Address	6623 WEST WASHINGTON STREET	Address	6623 WEST WASHINGTON STREET
City-State-Zip:	WEST ALLIS WI 53214	City-State-Zip:	WEST ALLIS WI 53214
Title	VP	Title	VP
Name	ALBIN, BRIAN	Name	AUGSBURGER, KIM
Address	6623 WEST WASHINGTON STREET	Address	6623 WEST WASHINGTON STREET
City-State-Zip:	WEST ALLIS WI 53214	City-State-Zip:	WEST ALLIS WI 53214
Title	VP	Title	ASST. SECRETARY
Name	PICHALSKI, TED	Name	HOFFMAN, MARIA
Address	6623 WEST WASHINGTON STREET	Address	6623 WEST WASHINGTON STREET
City-State-Zip:	WEST ALLIS WI 53214	City-State-Zip:	WEST ALLIS WI 53214