

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90021 033 ***150.00

DOCUMENT # 841836

1. Corporation Name

SAVIN CORPORATION

Principal Place of Business

333 LUDLOW ST
P.O. BOX 10270
STAMFORD CT 06902
US

Mailing Address

333 LUDLOW ST
P.O. BOX 10270
STAMFORD CT 06902-2270
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1978

4. FEI Number

13-2949772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE
NAME HISAD YUASA
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

TITLE D ☒ DELETE
NAME ETSUI KOBAYASHO
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

TITLE P ☐ DELETE
NAME JAMES W. IVY
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

TITLE VPTC ☐ DELETE
NAME SALIERNO, THOMAS L JR
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

TITLE VPM ☒ DELETE
NAME BREITEN, JOHN
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

TITLE S ☐ DELETE
NAME RUSSELL GOUGH
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN OF THE BOARD ☐ Change ☒ Addition
1.2 NAME KIRK YOSHIDA
1.3 STREET ADDRESS FIVE DEDRECK PLACE
1.4 CITY-ST-ZIP WEST CALDWELL, N.J. 07006

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME KUNE MENAKAWA
2.3 STREET ADDRESS FIVE DEDRECK PLACE
2.4 CITY-ST-ZIP WEST CALDWELL, N.J. 07006

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VP, CFO & TREASURER ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE VPM ☐ Change ☒ Addition
5.2 NAME EDWARD MOLANAGHLIN
5.3 STREET ADDRESS 333 LUDLOW ST.
5.4 CITY-ST-ZIP STAMFORD, CT. 06902

6.1 TITLE CONTROLLER & SECRETARY ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)