


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90035 014 ***150.00

DOCUMENT # 846773		
1. Entity Name FUJITSU AMERICA, INC.		

Principal Place of Business 3055 ORCHARD DR SAN JOSE, CA 95134	Mailing Address 3055 ORCHARD DR SAN JOSE, CA 95134
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24011787

2. Principal Place of Business 1250 E. ARQUES AVE. M/S 124 Suite, Apt. #, etc.	3. Mailing Address 1250 E. ARQUES AVE. M/S 124 Suite, Apt. #, etc.
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02102004 Chg-P CR2E034 (10/03)

City & State SUNNYVALE, CALIFORNIA	City & State SUNNYVALE, CALIFORNIA	4. FEI Number 95-2557970	Applied For Not Applicable
Zip 94085	Country USA	Zip 94085	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 reinsisting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCO MATSUZAKI, MOTOYASU 3055 ORCHARD DR SAN JOSE, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCO MATSUZAKI, MOTOYASU 1250 E. ARQUES AVE. SUNNYVALE, CA 94085 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKADA, TAKAHIKO 1-6-1- MARUNOUCHI CHIYODA-KU, TOKYO, JAPAN, 100-811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKADA, TAKAHIKO 1-5-2 HIGASHI SHIMBASHI MINATO, TOKYO 105-7123, JAPAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD KOJIMA, KAZUTO 580 HORIKAWA-CHO, SAIWAI-KU, KAWASAKI-SHI KANAGAWA 210, JA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD KOJIMA, KAZUTO 1250 E. ARQUES AVE. SUNNYVALE, CA 94085 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOGAWA, YOICHI 3055 ORCHARD DR. SAN JOSE, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. SOGAWA, YOICHI 1250 E. ARQUES AVE. SUNNYVALE, CA 94085 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHPIZNER, MICHAEL 3055 ORCHARD DRIVE SAN JOSE, CA 95134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHPIZNER, MICHAEL 1250 E. ARQUES AVE. SUNNYVALE, CA 94085 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFFY, TOM 3055 ORCHARD DRIVE SAN JOSE, CA 95134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, CHARLES 1250 E. ARQUES AVE. SUNNYVALE, CA 94085 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Y. SOGAWA Y. SOGAWA 2/11/2004 (408) 746-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #