


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000001304 1. Entity Name MURATA ELECTRONICS NORTH AMERICA, INC.	
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Principal Place of Business 2200 LAKE PARK DRIVE SMYRNA, GA 30080	Mailing Address 2200 LAKE PARK DRIVE SMYRNA, GA 30080
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DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1773923	Applied For <input type="checkbox"/> Not Applicable
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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 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 _____ (NOTE: Registered Agent signature required when re/instating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOZUKA, HIROSHI 2200 LAKE PARK DRIVE SMYRNA, GA 30080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YASUTAKA, TOSHIYUKI 2200 LAKE PARK DRIVE SMYRNA, GA 30080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAN, TRIEU 2200 LAKE PARK DRIVE SMYRNA, GA 30080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV DENSLINGER, JOHN 2200 LAKE PARK DRIVE SMYRNA, GA 30080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COALSON, TONY 2200 LAKE PARK DRIVE SMYRNA, GA 30080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  2/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #