



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90068 050 ***150.00

DOCUMENT # F03000001125 1. Entity Name TOSHIBA AMERICA ELECTRONIC COMPONENTS, INC.					
Principal Place of Business 19900 MAC ARTHUR BLVD, STE 400 IRVINE, CA 92612			Mailing Address 19900 MAC ARTHUR BLVD, STE 400 IRVINE, CA 92612		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01242006 Chg-P CR2E034 (11/05)	
Zip Country		Zip Country		4. FEI Number 33-0795344	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUKUYAMA, TAKEAKI 19900 MAC ARTHUR BLVD, STE 400 IRVINE, CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HIDEYA YAMAGUCHI 2590 ORCHARD PARKWAY SAN JOSE, CA 95131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF MASAOKA, TADASHI 19900 MAC ARTHUR BLVD, STE 400 IRVINE, CA 92612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCFO, SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RYOTA ODAYASHI 19900 MAC ARTHUR BLVD, STE 400 IRVINE, CA 92612		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV MARLOW, STEPHEN 19900 MAC ARTHUR BLVD, STE 400 IRVINE, CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KOJI IWAMA 1-1, SHIBaura 1-CHOME, MINATO-KU TOKYO, 105-8001 JAPAN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOND, CLAYTON 2150 E. LAKE COOK ROAD, STE. 310 BUFFALO GROVE, IL 60089 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASG CHRISTENSEN, JULIUS 19900 MAC ARTHUR BLVD, STE 400 IRVINE, CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITO, HIDEO 1251 AVENUE OF THE AMERICAS, 41ST FL IRVINE, CA 92618111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TORU UCHIKI 1251 AVENUE OF THE AMERICAS NEW YORK, NY 10020		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/25/06		Daytime Phone #: (949)623-3044	