## 2007 FOR PROFIT CORPORATION

## Feb 12, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # F03000001125 02-12-2007 90093 019 \*\*\*150.00 1. Entity Name TOSHIBA AMERICA ELECTRONIC COMPONENTS, INC. Principal Place of Business Mailing Address 19900 MAC ARTHUR BLVD, STE 400 19900 MAC ARTHUR BLVD, STE 400 40014558 **IRVINE, CA 92612** IRVINE, CA 92612 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312007 CR2E034 (12/06) Chq-P Applied For City & State City & State 4. FEI Number 33-0795344 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT SAKAIDA, HIDEYA Addition Delete TITLE TITLE Change FUKUYAMA, TAKEAKI NAME NAME 19900 MACARTHUR BLVD, STE 400 19900 MAC ARTHUR BLVD, STE 400 STREET ADDRESS STREET ADDRESS **IRVINE, CA 92612** CITY-ST-ZIF IRVINE, CA 92612 CITY-ST-ZIP EXEC VICE PRES SVCF **Addition** TITLE ☐ Delete TITLE ☐ Change YAMAGUCHI, HIDEYA NAME RYOTA, OBAYASHI NAME 2590 OR CHARD PARKWAY STREET ADDRESS 19900 MACARTHUR BLVD, STE 400 STREET ADDRESS CITY-ST-ZIP SAN JOSE CA 95131 CITY-ST-7IP IRVINE, CA 92612 DIRECTOR ☐ Delete TITLE ☐ Change **Addition** TITLE IWAMA, KOJI MARLOW, STEPHEN NAME NAME 1-1. SHIBAURA I-CHOME, MINATO-KU STREET ADDRESS 19900 MAC ARTHUR BLVD, STE 400 STREET ADDRESS CITY-ST-ZIP **IRVINE, CA 92612** CITY-ST-7IF TOKYO 105-8001. Delete TITLE TITLE ☐ Change ☐ Addition BOND, CLAYTON NAME NAME 2150 E, LAKE COOK ROAD, STE. 310 STREET ADDRESS STREET ADDRESS BUFFALO GROVE, IL 60089 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition DILE VASG TITLE CHRISTENSEN, JULIUS NAME NAME STREET ADDRESS 19900 MAC ARTHUR BLVD, STE 400 STREET ADDRESS IRVINE, CA 92612 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE TORU, UCHIIKE NAME NAME STREET ADDRESS 1251 AVE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 NEW YORK, NY 10020

FILED

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.

07 49)623 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR