

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90047 018 ***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**

4000



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0795344

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SAKAIDA, HIDEYA
19900 MAC ARTHUR BLVD, STE 400
IRVINE, CA 92612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVC
RYOTA, ODAYASHI
19900 MACARTHUR 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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BOND, CLAYTON
2150 E. LAKE COOK ROAD, STE. 310
BUFFALO GROVE, IL 60089**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VASG
CHRISTENSEN, JULIUS
19900 MAC ARTHUR BLVD, STE 400
IRVINE, CA 92612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TORU, UCHIIKE
1251 AVE OF THE AMERICAS
NEW YORK, NY 10020**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08

Date

(949)623-3044

Daytime Phone #