## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000003956

Entity Name: EISAI MACHINERY U.S.A. INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
90 BOROL ALLENDAL	INE ROAD LE, NJ 07401				
Current Mailing Address:			New Mailir	New Mailing Address:	
90 BOROL ALLENDAL	INE ROAD .E, NJ 07401				
FEI Number:	42-1605303	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
The above in the State		submits this statement for the pu	rpose of changing it	s registered office or registered agent, or both,	
SIGNATURE:					
	Electron	ic Signature of Registered Agen	t	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SHIMIZU, HAJIN 100 TICE BLVD WOODCLIFF L		Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	D () HARMS, DAVID 100 TICE BLVD WOODCLIFF LA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () TELLING, FRED 100 TICE BLVD WOODCLIFF L		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () MONTAIGNE, M 90 BOROLINE I ALLENDALE, N	ROAD	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition DE LA MONTAIGNE, MIKE 90 BOROLINE ROAD ALLENDALE, NJ 07401	
Title: Name: Address: City-St-Zip:	S () SNYDER, DOUG 100 TICE BLVD WOODCLIFF, N		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () KLAUSER, KEN 100 TICE BLVD WOODCLIFF, N		Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition KLAUSER, KENNETH R 100 TICE BLVD. WOODCLIFF, NJ 07677	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE DE LA MONTAIGNE P 04/29/2009