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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195

Phone : (850) 521-1000

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LWATTS@NMBUSA.COM	
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## FOREIGN PROFIT/NONPROFIT CORPORATION NMB TECHNOLOGIES CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

4/7/2010

https://efile.sunbiz.org/scripts/efilcovr.exe

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of o	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY;" "CORPORATION;"	
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business	in Florida)
2. CALIFORNIA	g. 9	95-2554330	
	under the law of which it is incorporated)	(FEI number, if applicable)	<del></del>
4, JULY 22, 1968	5. F	PERPETUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "p	erpetual")
б			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
. 0720-IMPEDE	NDENCE AVENUE, CHATSWORTH, CALIF	•	
7. 9730 INDEPE	(Principal office addre		
9730 (NDERE)	NDENCE AVENUE, CHATSWORTH, CALIF	4.	
0100 INDEL E.	(Current mailing addre		<del></del>
	IN THE SALE OF MECHANICAL & ELECTR		200 Sil
(Purpose(s	) of corporation authorized in home state or coul	ntry to be carried out in state of Florida)	CR
9. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	APR -7
Name:	CORPORATION SERVICE COMPANY		PR-7
Office Address:	1201 HAYS STREET		
	TALLAHASSEE	, Florida <u>32301</u>	STAT STAT
	(City)	(Zip code)	De 1
Having been nam designated in this further agree to co	gent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rele with and accept the obligations of my posit	nt as registered agent and agree to act in afive to the proper and complete perform	this capacity. I

11. Attached is a certificate of existence duly anthenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

4/7/2010 1:54:13 PM PAGE

3/004

Fax Server 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: GARY C. YOMANTAS Address: 9730 INDEPENDENCE AVE. CHATSWORTH, CA 91311-4323 Vice Chairman: PHILIP G. FAY Address: 9730 INDEPENDENCE AVE. CHATSWORTH, CA 91311-4323 Director: MASAHIRO TSUKAGOSHI Address: 9730 INDEPENDENCE AVE. CHATSWORTH, CA 91311-4323 Director: DAVID J. MORENA Address: 9730 INDEPENDENCE AVE. CHATSWORTH, CA 91311-4323 **B. OFFICERS** President: PHILIP G. FAY Address: 9730 INDEPENDENCE AVE. CHATSWORTH, CA 91311-4323 Vice President: KOICHI TAKESHITA Address: 9730 INDEPENDENCE AVE., CHATSWORTH, CA 91311-4323 Secretary: MITCHELL T. NODA Address: 9730 INDEPENDENCE AVE., CHATSWORTH, CA 91311-4323 Treasurer: MASAHIRO TSUKAGOSHI Address: 9730 INDEPENDENCE AVE., CHATSWORTH, CA 91311-4323 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

14. MITCHELL T. NODA, SECRETARY

(Typed or printed name and capacity of person signing application)

(Signature of Director or Officer listed in number 12 of the application)

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NMB TECHNOLOGIES CORPORATION

FILE NUMBER:

C0549613

FORMATION DATE:

07/22/1968

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD: STANDING)

2010 APR -7 A 10:57
SECRETARY OF STATE
ASSESSED FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 22, 2010.

DEBRA BOWEN Secretary of State