FILED

Tehrmany 12, 2002 201-265-8900

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am Secretary of State F92000000977 DOCUMENT # 1. Entity Name SANKYO SEIKI (AMERICA) INC. 02-25-2002 90056 032 ***150.00 Principal Place of Business Mailing Address 1001 - D BROKEN SOUND PARKWAY, N.W. 140 E RIDGEWOOD AVE **BOCA RATON FL 33487** PARAMUS NJ 07652 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-2285032 Not Applicable Country Zip Country ,11. 1 \$8.75 Additional 5. Certificate of Status Desired 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 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS T.F 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete i TITLE CR2E034 (9/01) ☐ Change ☐ Addition HIRAKAWA, MASAO NAME NAME C/0 140 E RIDGEWOOD AVE STREET ADDRESS STREET ADDRESS PARAMUS NJ CITY-ST-7IP CITY-ST-ZIP TITLE Delete De President TITLE ☐ Change ■ Addition NAME TAKEBE, KEIICHI NAME Sahara, Tsunehisa 140 E RIDGEWOOD AVE STREET ADDRESS STREET ADDRESS 140 E. Ridgewood Avenue CITY-ST-ZIP PARAMUS NE 07652 CITY-ST-ZIP Paramus. NJ 07652 TITLE ☐ Delete TITLE Change ☐ Addition KONDO, KAZUO NAME NAME STREET ADDRESS C/O 140 E RIDGEWOOD AVE STREET ADDRESS PARAMUS NJ CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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 11 or Block 12 if

changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR