

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

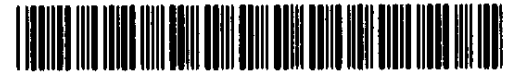
PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 19 1997 8:00am  
Secretary of State

DOCUMENT # F93000002423 (2)  
1. Corporation Name  
NEC BUSINESS COMMUNICATION SYSTEMS (EAST), INC.



Principal Place of Business  
5890 ENTERPRISES PARKWAY  
EAST SYRACUSE NY 13057

Mailing Address  
8 CORPORATE CENTER DRIVE  
MELVILLE NY 11747-3148  
US

|                                                                                                                                                                   |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>05/24/1993                                                                                                                   | 3a. Date of Last Report<br>04/30/1996 |
| 4. FEI Number<br>22-3003683                                                                                                                                       | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                      | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                             | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                                  |
|--------------------------------|----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address              |
| 21. Suite, Apt. #, etc.        | 26. 8 Corporate Center Drive     |
| 22. City & State               | 27. Suite, Apt. #, etc.          |
| 23. Zip                        | 28. City & State<br>Melville, NY |
| 24. Country                    | 29. Zip<br>11747-3112            |
| 25. Country                    | 30. USA                          |

|                                                                                                                                                       |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br>THE PRENTICE-HALL CORPORATION SYSTEM INC.<br>1201 HAYS STREET<br>SUITE 105<br>TALLAHASSEE FL 32301 | 10. Name and Address of New Registered Agent           |
|                                                                                                                                                       | 81. Name                                               |
|                                                                                                                                                       | 82. Street Address (P.O. Box Number is Not Acceptable) |
|                                                                                                                                                       | 83.                                                    |
|                                                                                                                                                       | 84. City                                               |
|                                                                                                                                                       | FL 85. Zip Code                                        |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | CD                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SUZUKI, KANJI           | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 5305 N. MACARTHUR BLVD. | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | IRVING TX               | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | TD                      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | IWASAKI, ITSUMI         | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 333 FAIRHAVEN BLVD.     | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | WOODBURY NY             | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | D                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | TAKASHIMA, TAMIO        | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 7015 WESTER WAY         | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | DALLAS TX               | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | S                       | 4.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DONOVAN, TIMOTHY M      | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 8 OLD SOD FARM ROAD     | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | MELVILLE NY 11747       | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | D                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MASUNARI, HAJIME        | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 1-13-20-510 TAKABAN     | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | MEGURO-KU TO            | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                         | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |                                                                              |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: \_\_\_\_\_

3/6/97

516-753-7326

SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR  
TIMOTHY M. DONOVAN, Corporate Secretary

Date Daytime Phone #

CR2E034 (9/96)