FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **F93000003906 (5)**

1. Corporate Name

TELESPAN COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
4214 FLEUR DRIVE STE 2 DES MOINES IA 50321	4214 FLEUR DRIVE STE 2 DES MOINES IA 50321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1993	3a. Date of Last Report: 06/07/1994
4. FEI Number: 42-1358072	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

KUNERTH, GRETCHEN
1274 LOST CREEK COURT
ALTAMONTE SPRINGS FL 32714

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 607.0505 and 607.1008, Florida Statutes, this 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

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS, IF ANY	
TYPE	CPST	TYPE	☐ Change ☐ Addition
NAME	SANDAHL, KARIN L	NAME	
STREET ADDRESS	4214 FLEUR DR., SUITE 2	STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50321	CITY-ST-ZIP	
TYPE	V	TYPE	☐ Change ☐ Addition
NAME	O'NEIL, TIMOTHY	NAME	
STREET ADDRESS	4214 FLEUR DR., SUITE 2	STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50321	CITY-ST-ZIP	
TYPE	D	TYPE	☐ Change ☐ Addition
NAME	FASANO, KRISTINE	NAME	
STREET ADDRESS	4500 MERLE HAY RD.	STREET ADDRESS	
CITY-ST-ZIP	URBANDALE IA 50310	CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I further certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Karin L. Sandahl 5/17/95 515-287-0425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Karin L. Sandahl

0489071 FN

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F93000004241 (6)

1. Corporate Name

971267 ONTARIO, INC.

Principal Place of Business	Mailing Address
14 MENDOTA ROAD TORONTO, ONTARIO CANADA M641E8	14 MENDOTA ROAD TORONTO, ONTARIO CANADA M641E8

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 98-0137808 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [✓] No

2. Principal Place of Business 21 / 2a. Mailing Address 26

Suite, Apt. #, etc. 22 / Suite, Apt. #, etc. 27

City & State 23 / City & State 28

Zip 24 / Country 25 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	PCDS
NAME	MARTIN, LESLIE
STREET ADDRESS	14 MENDOTA ROAD
CITY-ST-ZIP	TORONTO, ONT., CANADA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD YEH, CONTROLLER

MAY 1/95 Date

416-252-9591 Daytime Phone

0493632 IN

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

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

APPROVED AND FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004472 (7)**

1. Corporation Name

YAESU MUSEN U.S.A., INC.

Principal Place of Business: 7270 NW 12TH ST. SUITE 320 MIAMI FL 33126

Mailing Address: 7270 NW 12TH ST. SUITE 320 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 02/22/1994
4. FEI Number: 95-2815202 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.062 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address

21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CHAJIN, CARLOS
7270 NW 12TH ST.
SUITE 320
MIAMI FL 33126

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1 TITLE	[ ] Change [ ] Addition
NAME	HASEGAWA, JUN	1 NAME	
STREET ADDRESS	42 COUNTRY LANE	1 STREET ADDRESS	
CITY-ST-ZIP	ROLLING HILLS ESTATES CA 90274	1 CITY-ST-ZIP	
TITLE	V	2 TITLE	[ ] Change [ ] Addition
NAME	MARUYA, MIKIO	2 NAME	
STREET ADDRESS	9238 ANSON RIVER	2 STREET ADDRESS	
CITY-ST-ZIP	FOUNTAIN VALLEY CA 92708	2 CITY-ST-ZIP	
TITLE	S	3 TITLE	[ ] Change [ ] Addition
NAME	FAMA, HERMINIA	3 NAME	
STREET ADDRESS	135 E. JAY ST.	3 STREET ADDRESS	
CITY-ST-ZIP	CARSON CA 90745	3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section [illegible] 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: Herminia T. Fama 5-10-95 (310) 404-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

HERMINIA T. FAMA

0122844 CP