FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 21 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001160 (O)

1. Corporation Name
NIKON PRECISION INC.

Principal Place of Business	Mailing Address
1399 SHOREWAY RD. BELMONT CA 94002-4107	1399 SHOREWAY RD. BELMONT CA 94002-4107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1994	3a. Date of Last Report: N/A
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number: 94-2837900	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GULLACHER, BOB
7800 SOUTHLAND BLVD.
SUITE 104
ORLANDO FL 32809

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOO	1.1 TITLE	☐ Change ☐ Addition
NAME	HUCHITAL, DAVID A	1.2 NAME	
STREET ADDRESS	1399 SHOREWAY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA 94002-4107	1.4 CITY-ST-ZIP	
TITLE	VCTO	2.1 TITLE	☐ Change ☐ Addition
NAME	VARNELL, GILBERT L	2.2 NAME	
STREET ADDRESS	1399 SHOREWAY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA 94002-4107	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	V ☒ Change ☐ Addition
NAME	SHIOTAKE, NORIO	3.2 NAME	Kyoichi Suwa
STREET ADDRESS	1399 SHOREWAY RD.	3.3 STREET ADDRESS	1399 Shoreway Road
CITY-ST-ZIP	BELMONT CA 94002-4107	3.4 CITY-ST-ZIP	Belmont, CA 94002-4107
TITLE	VS	4.1 TITLE	☐ Change ☐ Addition
NAME	NAITO, TAKAO	4.2 NAME	
STREET ADDRESS	1399 SHOREWAY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA 94002-4107	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	DICKINSON, ALLAN	5.2 NAME	
STREET ADDRESS	1399 SHOREWAY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA 94002-4107	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, RON	6.2 NAME	
STREET ADDRESS	1399 SHOREWAY RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA 94002-4107	6.4 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(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: _____ 3/6/95 (415) 508-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401048 FN