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FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000002223 (5)

1. Corporation Name

CIM INDUSTRIAL MACHINERY INC.

Principal Place of Business

7950 BLANKENSHIP  
HOUSTON TX 77055

Mailing Address

7950 BLANKENSHIP  
HOUSTON TX 77055-1008



3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

02/08/1996

4. FEI Number

74-1777670

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME USHIOZU, ISAO  
STREET ADDRESS 7950 BLANKENSHIP  
CITY-ST-ZIP HOUSTON TX 77055 ☐ DELETE

TITLE D  
NAME KUBOTA, TAKEFUMI  
STREET ADDRESS 335 MADISON AVE  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE D  
NAME MIYAMOTO, YOSHIKI  
STREET ADDRESS 335 MADISON AVE  
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE D  
NAME IMAI, KIYOAKI  
STREET ADDRESS 335 MADISON AVE  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE D  
NAME KUSHIBE, YOSHIMASA  
STREET ADDRESS 5-15, 1 CHOME, NISHI SHIMABASHI  
CITY-ST-ZIP MINATO KU, TOKYO, JAPAN ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE D  
22 NAME SHIBATA, HIROSHI  
23 STREET ADDRESS 335 MADISON AVE  
24 CITY-ST-ZIP NEW YORK NY ☒ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-97

(713)

681-8888

Date

Daytime Phone #

CR2E034 (9/96)