2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am DOCUMENT # F94000002223 **Secretary of State** 1. Entity Name 03-11-2002 90049 039 ***150 00 CIM INDUSTRIAL MACHINERY INC. Principal Place of Business Mailing Address 7950 BLANKENSHIP 7950 BLANKENSHIP HOUSTON TX 77055 HOUSTON TX 77055 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 74-1777670 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition PSTD NAME NAME USHIOZU, ISAO STREET ADDRESS STREET ADDRESS 7950 BLANKENSHIP CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77055** TITLE **★** Delete TITLE ☐ Change Addition NAME NAME OGINO, YOSHIMASA Hoshino, A STREET ADDRESS STREET ADDRESS 335 MAIDSON AVE 335 Madison Ave CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** New_York NY. 11017 TITLE **□x**Delete TITLE Addition NAME NAME SHIBATA, HIROSHI Fukuda, T STREET ADDRESS STREET ADDRESS 335 MADISON AVE 335 Madison Ave CITY-ST-ZIP CITY-ST-ZIP <u>new York Ny</u> New York NY 11017 TITLE ☐ Delete Change Addition NAME NAME IKEDA, SHUJI STREET ADDRESS STREET ADDRESS 335 MADISON AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** TITLE ☐ Delete TITLE Change Addition NAME NAME WEBSTER, EDWARD J STREET ADDRESS STREET ADDRESS 7950 BLANKENSHIP CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

TOUS hiozu 713 681 8888 02-21-2002 SIGNATURE AND TYPED OR CRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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 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 11 or Block 12 if

SIGNATURE: ≤