## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2006 8:00 am Secretary of State

| DOCUMENT # F9400004936  1. Entity Name SHARP ELECTRONICS CORPORATION   |   |                                  |  |  | 05-05-2006 90183 023 ***150.00 |                        |                      |                           |                               |
|--|---|----------------------------------|--|--|--------------------------------|------------------------|----------------------|---------------------------|-------------------------------|
|  | e of Business   | Mailing Address                  |  |  |                                |                        |                      |                           |                               |
| SHARP PLAZA<br>MAHWAH. NJ 07430  |   | SHARP PLAZA<br>Mahwah, nj. 07430 |  |  | 60037128                       |                        |                      |                           |                               |
|  |   |                                  |  | ĺ  | <br>                           | L LEIS ALEN FENN FENN: | AARIS ARNII EDIN BIR | 818 (1197 (818 <b>1</b> 1 | <b>106</b> 1 (8 1 <b>03</b> 1 |
| 2. Principal Place of Business   |   | 3. Mailing Address               |  |  |                                |                        |                      |                           |                               |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.              |  |  | 04272006 Chg-P CR2E034 (11/05) |                        |                      |                           |                               |
| City & Stat  | е   | City & State                     |  |  | 4. FEI Numbe                   |                        | <del>.</del>         | — <del>—</del> —          | plied For<br>t Applicable     |
| Zip  | Country   | Zip                              | Country  |  | 5. Certificate                 | of Status Desired      |                      | \$8.75 Add                |                               |
|  | 6. Name and Address of Current I                        | Registered Agent                 |  |  | 7. Name and                    | Address of Nev         |                      | <del></del>               |                               |
| CTCOPE   | ODATION SYSTEM  |                                  | Name   | Name   |                                |                        |                      |                           |                               |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  |   |                                  | Street A                                       | Street Address (P.O. Box Number is Not Acceptable) |                                |                        |                      |                           |                               |
|  |   |                                  |  |  | ··                             |                        |                      |                           |                               |
|  |   |                                  | City   |  |                                |                        | FL                   | Zip Cod                   | 9                             |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution. Added to Fees |   |                                  |  |  |                                |                        |                      |                           |                               |
| 10.  | OFFICERS AND I  | DIRECTORS                        | 11.  |  | ADDITIONS/                     | CHANGES TO O           | FFICERS AND          | DIRECTORS                 | 3 IN 11                       |
| TITLE  | CP  | ☐ Delete                         | TITLE  | SVF  |                                |                        |                      | Change                    | Addition                      |
| NAME<br>Street address   | FUJIMOTO, TOSHIHIKO<br>SHARP PLAZA                      |                                  | NAME<br>STREET ADDRESS                         | ı  | noru Ko                        | nao<br>za, Mah         | ush MI               | r 17772                   | 0                             |
| CITY-ST-ZIP  | MAHWAH, NJ 07430  |                                  | CITY-ST-ZIP                                    | 5116   | ırb rıa                        | Za, Mali               | wan No               | 0/43                      | ·                             |
| TITLE NAME STREET ADORESS CITY-ST-ZIP  | SVP<br>ITO, HIRONOBU<br>SHARP PLAZA<br>MAHWAH, NJ 07430 | Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | io Han                         | atani<br>za Mahw       | ah NJ                | □ Change<br>07430         | Addition                      |
| TITLE  | EV  | Delete Delete                    | TITLE  | D  |                                |                        |                      | Change                    | Addition                      |
| NAME<br>STREET ADDRESS :<br>CITY-ST-ZIP  | FUJIMOTO, NOBORU<br>SHARP PLAZA<br>MAHWAH, NJ 07430     |                                  | name<br>Street address<br>City-St-Zip          |  |                                | Laughli<br>za Mahw     |                      | 0743                      | 0                             |
| TITLE<br>NAME  | SV<br>MOSSMANN, DONALD P                                | Delete                           | TITLE<br>NAME                                  | D  | art Mi                         |                        | <u> </u>             | Change                    | Addition                      |
| STREET ADDRESS<br>CITY-ST-ZIP  | SHARP PLAZA BLVD.<br>MEMPHIS, TN 38193                  |                                  | STREET ADORESS<br>City-St-Zip                  |  |                                | za, Mah                | wah, N               | IJ 074                    | 30                            |
| TITLE<br>NAME  | D<br>VAN COSTERHOUT, JACK                               | Defete                           | TITLE<br>NAME                                  | D<br>Jac   | k Van                          | Oosterh                | out                  | Change                    | Addition                      |
| STREET ADDRESS<br>CITY-ST-ZIP  | SHARP PLAZA<br>MAHWAH, NJ 07430                         |                                  | STREET ADDRESS<br>CITY-ST-ZIP                  | 1  |                                | za Mahw                |                      | 0743                      | 0                             |
| TITLE  | EV MARCK JOHNE  | Delete                           | TITLE  | D  |                                |                        |                      | Change                    | Addition                      |
| name<br>Street address   | MARCK, JOHN E<br>SHARP PLAZA                            |                                  | NAME<br>STREET ADDRESS                         | 1  | uo Har                         |                        |                      |                           |                               |
| CITY-ST-ZIP  | MAHWAH, NJ 07430  |                                  | CITY-ST-ZIP                                    | Sha  | rp Pla                         | za Manw                | ah NJ                | 07430                     |                               |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

| SIGNATURE: X nt                              |                        |      |                 |
|--|------------------------|------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI | NG OFFICER OR DIRECTOR | Date | Daytime Phone # |
|  |                        |      |                 |