

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6: 51

DOCUMENT # F94000005249 (7)
1. Corporation Name
EBARA TECHNOLOGIES INCORPORATED

Principal Place of Business Mailing Address
51 MAIN AVE **51 MAIN AVE**
SACRAMENTO CA 95838 **SACRAMENTO CA 95838**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/10/1994

2. Principal Place of Business		2a. Mailing Address		4. FFI Number		Applied For	
21		26		77-0270092		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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

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

(83)(L) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKAHASHI, T.	1.2 NAME	
STREET ADDRESS	51 MAIN AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SACRAMENTO CA 95838	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYLTON, EVERETT H	2.2 NAME	
STREET ADDRESS	51 MAIN AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SACRAMENTO CA 95838	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IKEDA, Y.	3.2 NAME	
STREET ADDRESS	51 MAIN AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SACRAMENTO CA 95838	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCHI, M.	4.2 NAME	
STREET ADDRESS	51 MAIN AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SACRAMENTO CA 95838	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTT, GERHARD K	5.2 NAME	
STREET ADDRESS	51 MAIN AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SACRAMENTO CA 95838	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERASHIMA, K.	6.2 NAME	
STREET ADDRESS	51 MAIN AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	SACRAMENTO CA 95838	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 110.07(3)(k), 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. 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:

G.K. Ott G.K. OTT, VICE V.P. 3/14/95 916923 7547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER