

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000005249 (7)**

EBARA TECHNOLOGIES INCORPORATED



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

3. Date Incorporated or Qualified: **10/10/1994**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **77-0270092**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 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: _____ DATE: _____
OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|--|
| 1. TITLE: <input type="checkbox"/> DELETE NAME: C TAKAHASHI, T. STREET ADDRESS: 51 MAIN AVE SACRAMENTO CA 95838 CITY-STATE-ZIP: | 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP |
| 2. TITLE: <input type="checkbox"/> DELETE NAME: PD HYLTON, EVERETT H STREET ADDRESS: 51 MAIN AVE SACRAMENTO CA 95838 CITY-STATE-ZIP: | 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP |
| 3. TITLE: <input type="checkbox"/> DELETE NAME: D IKEDA, Y. STREET ADDRESS: 51 MAIN AVE SACRAMENTO CA 95838 CITY-STATE-ZIP: | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP |
| 4. TITLE: <input type="checkbox"/> DELETE NAME: D KOCHI, M. STREET ADDRESS: 51 MAIN AVE SACRAMENTO CA 95838 CITY-STATE-ZIP: | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP |
| 5. TITLE: <input type="checkbox"/> DELETE NAME: VD OTT, GERHARD K STREET ADDRESS: 51 MAIN AVE SACRAMENTO CA 95838 CITY-STATE-ZIP: | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP |
| 6. TITLE: <input type="checkbox"/> DELETE NAME: D TERASHIMA, K. STREET ADDRESS: 51 MAIN AVE SACRAMENTO CA 95838 CITY-STATE-ZIP: | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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)(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, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

CR2E034 (12/95)