

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005249 (7)

1. Corporation Name
EBARA TECHNOLOGIES INCORPORATED



Principal Place of Business 51 MAIN AVE SACRAMENTO CA 95838	Mailing Address 51 MAIN AVE SACRAMENTO CA 95838-2014
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3. Date Incorporated or Qualified 10/10/1994	3a. Date of Last Report 01/30/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 77-0270092	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: _____ DATE: **1-7-97** DAYTIME PHONE # _____

CR2E034 (9/96)