


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

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/10/1994</b>	
21		26		4. FEI Number <b>77-0270092</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip		29 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		30 Country			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				<b>FL</b>	

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 <b>C</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TAKAHASHI, T.</b>		1.2 NAME <b>N. Yago</b>	
STREET ADDRESS <b>51 MAIN AVE</b>		1.3 STREET ADDRESS <b>51 Main Avenue</b>	
CITY-ST-ZIP <b>SACRAMENTO CA 95838</b>		1.4 CITY-ST-ZIP <b>Sacramento, CA 95838</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Treasurer/Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HYLTON, EVERETT H</b>		2.2 NAME <b>M. Ito</b>	
STREET ADDRESS <b>51 MAIN AVE</b>		2.3 STREET ADDRESS <b>51 Main Avenue</b>	
CITY-ST-ZIP <b>SACRAMENTO CA 95838</b>		2.4 CITY-ST-ZIP <b>Sacramento, CA 95838</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Board of Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>IKEDA, Y.</b>		3.2 NAME <b>N. Pond</b>	
STREET ADDRESS <b>51 MAIN AVE</b>		3.3 STREET ADDRESS <b>51 Main Avenue</b>	
CITY-ST-ZIP <b>SACRAMENTO CA 95838</b>		3.4 CITY-ST-ZIP <b>Sacramento, CA 95838</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>Board of Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KOCHI, M.</b>		4.2 NAME <b>M. Hiroshi</b>	
STREET ADDRESS <b>51 MAIN AVE</b>		4.3 STREET ADDRESS <b>51 Main Avenue</b>	
CITY-ST-ZIP <b>SACRAMENTO CA 95838</b>		4.4 CITY-ST-ZIP <b>Sacramento, CA 95838</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OTT, GERHARD K</b>		5.2 NAME	
STREET ADDRESS <b>51 MAIN AVE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>SACRAMENTO CA 95838</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TERASHIMA, K.</b>		6.2 NAME	
STREET ADDRESS <b>51 MAIN AVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>SACRAMENTO CA 95838</b>		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ **REQUIRE SIGNATURE OF REGISTERED AGENT** 2/1/98 816 923 2547

CR2E034 (10/97)