


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90013 046 ***550.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F94000005249 ✓
 1. Corporation Name
EBARA TECHNOLOGIES INCORPORATED



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

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 Zip | 25 Country |
| 29 Zip | 30 Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/10/1994 | |
| 4. FEI Number 77-0270092 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property. <input checked="" 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 | 85 Zip Code |

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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 P | <input type="checkbox"/> DELETE | 1.1 TITLE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME YAGO, N | | 1.2 NAME ALDEBORGH, JOHN | |
| STREET ADDRESS 51 MAIN AVE | | 1.3 STREET ADDRESS 51 MAIN AVE | |
| CITY-ST-ZIP SACRAMENTO CA 95838 | | 1.4 CITY-ST-ZIP SACRAMENTO CA 95838 | |
| TITLE TS | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME ITO, M | | 2.2 NAME NAKAMURA, K | |
| STREET ADDRESS 51 MAIN AVE | | 2.3 STREET ADDRESS 51 MAIN AVE | |
| CITY-ST-ZIP SACRAMENTO CA 95838 | | 2.4 CITY-ST-ZIP SACRAMENTO CA 95838 | |
| TITLE BD | <input type="checkbox"/> DELETE | 3.1 TITLE BD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME POND, N | | 3.2 NAME MIYASAKI, YO | |
| STREET ADDRESS 51 MAIN AVE | | 3.3 STREET ADDRESS 51 MAIN AVE | |
| CITY-ST-ZIP SACRAMENTO CA 95838 | | 3.4 CITY-ST-ZIP SACRAMENTO, CA 95838 | |
| TITLE BD | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HIROSI, 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 checked="" type="checkbox"/> DELETE | 5.1 TITLE CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME OTT, GERHARD K | | 5.2 NAME ANDREAU, RONALD | |
| STREET ADDRESS 51 MAIN AVE | | 5.3 STREET ADDRESS 51 MAIN AVE | |
| CITY-ST-ZIP SACRAMENTO CA 95838 | | 5.4 CITY-ST-ZIP SACRAMENTO, CA 95838 | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE BD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME IKEDA, YUKIO | |
| STREET ADDRESS | | 6.3 STREET ADDRESS 51 MAIN AVE. | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP SACRAMENTO CA 95838 | |

14. I 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: *Ronald Andreau* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **2/2/99** **916 923 7547**
 Date Daytime Phone #

CR2E034 (5/99)