

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005249

FILED
Feb 06, 2009
Secretary of State

Entity Name: EBARA TECHNOLOGIES INCORPORATED

Current Principal Place of Business:

51 MAIN AVE
SACRAMENTO, CA 95838

New Principal Place of Business:

Current Mailing Address:

51 MAIN AVE
SACRAMENTO, CA 95838

New Mailing Address:

FEI Number: 77-0270092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SHIONUMA, MASUMI
Address: 10184 PARKWOOD DRIVE #8
City-St-Zip: CUPERTINO, CA 95014

Title: P () Delete
Name: SHIRAKASHI, MITSUHIKO
Address: 4500 TRUXEL ROAD #523
City-St-Zip: SACRAMENTO, CA 95834

Title: CHBD () Delete
Name: KIMURA, NORIO
Address: V3 BUILDING, 4-2-1, HON-FUJISAWA
City-St-Zip: FUJISAWA CITY KANAGAWA, JA 251-8502

Title: D () Delete
Name: POND, NORMAN
Address: 3580 BASSET STREET
City-St-Zip: SANTA CLARA, CA 95054

Title: VP () Delete
Name: CAMPBELL, RAYMOND
Address: 51 MAIN AVENUE
City-St-Zip: SACRAMENTO, CA 95838

Title: CFO () Delete
Name: CORUM, STANLEY
Address: 51 MAIN AVENUE
City-St-Zip: SACRAMENTO, CA 95838

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SHIRAKASHI, MITSUHIKO
Address: 4500 TRUXEL ROAD #1232
City-St-Zip: SACRAMENTO, CA 95834

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY CORUM

Electronic Signature of Signing Officer or Director

CFO

02/06/2009

Date