

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005249

FILED
Jan 26, 2010
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:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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
Name: SHIONUMA, MASUMI
Address: 10184 PARKWOOD DRIVE #8
City-St-Zip: CUPERTINO, CA 95014

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STANLEY B. CORUM

CFO

01/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date