

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002352**

1. Corporation Name  
**FUJINON INC.**

Principal Place of Business Mailing Address  
**10 High Point Drive  
Wayne, NJ 07470-7434**

3. Date Incorporated or Qualified <b>1972</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>13-2648718</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>10 High Point Drive</b>	26 <b>same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>Wayne, NJ</b>	28 <b>same</b>
Zip	Country
24 <b>07470-7434</b>	25 <b>USA</b>
Zip	Country
29 <b>same</b>	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>The Prentice-Hall Corporation System, Inc. 1201 Hays Street Suite 105 Tallahassee, FL 32301</b>	81 Name <b>same</b>
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the applicant. (NOTE: Registered Agent Signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shoichi Takada</b>	1.2 NAME	
STREET ADDRESS	<b>10 High Point Drive</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Wayne, NJ 07470-7434</b>	1.4 CITY-ST-ZIP	
TITLE	<b>Exec. Vice President</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shigehide Tode</b>	2.2 NAME	
STREET ADDRESS	<b>10 High Point Drive</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Wayne, NJ 07470-7434</b>	2.4 CITY-ST-ZIP	
TITLE	<b>Secretary</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jiro Murase</b>	3.2 NAME	
STREET ADDRESS	<b>Havemeyer Road</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Ardasley-on-Hudson, NY 10503</b>	3.4 CITY-ST-ZIP	
TITLE	<b>Treasurer</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shoichi Takada</b>	4.2 NAME	
STREET ADDRESS	<b>10 High Point Drive</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Wayne, NJ 07470-7434</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**600001856486**  Change  Addition  
**-06/10/96--01010--027**  
**\*\*\*225.00**

**6-10-96**  
*[Signature]*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Shoichi Takada, President**

5/8/96 (201) 633-5600  
 Date Filed

CR2E034 (12/95)