

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90174 001 ***550.00

DOCUMENT # F95000002352

1. Entity Name
FUJINON INC.

Principal Place of Business

10 HIGH POINT DRIVE
WAYNE NJ 07470-7434

Mailing Address

EVA BONANNO
10 HIGHPOINT DR
WAYNE NJ 07470-7434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2648718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NAKAMURA, TOSHIHIRO**
STREET ADDRESS **10 HIGH POINT DR.**
CITY-ST-ZIP **WAYNE NJ**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **MURASE, JIRO**
STREET ADDRESS **HAVEMEYER ROAD**
CITY-ST-ZIP **ARDSLEY-ON-HUDSON NY 10503**

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **MURASE, SATORU**
CITY-ST-ZIP **HAVEMEYER ROAD**
ARDSLEY-ON-HUDSON NY 10503

TITLE **T** ☐ Delete
NAME **NAKAMURA, TOSHIHIRO**
STREET ADDRESS **10 HIGH POINT DRIVE**
CITY-ST-ZIP **WAYNE NJ 07470-7434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SFD** ☐ Delete
NAME **BONANNO, EVA**
STREET ADDRESS **10 HIGHPOINT DR**
CITY-ST-ZIP **WAYNE NJ 07470-7434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/02 (973) 633-5600
Date Daytime Phone #

CR2E034 (4/02)