

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002352

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: FUJINON INC.

**Current Principal Place of Business:**

10 HIGH POINT DRIVE  
WAYNE, NJ 074707434

**New Principal Place of Business:**

**Current Mailing Address:**

HISAO SAIKI  
10 HIGHPOINT DR  
WAYNE, NJ 074707434

**New Mailing Address:**

FEI Number: 13-2648718      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, STE 105  
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: P ( ) Delete  
Name: NAKAMURA, TOSHIHIRO  
Address: 10 HIGH POINT DR.  
City-St-Zip: WAYNE, NJ

Title: S ( ) Delete  
Name: MURASE, SATORU  
Address: HAVEMEYER ROAD  
City-St-Zip: ARDSLEY-ON-HUDSON, NY 10503

Title: T ( ) Delete  
Name: NAKAMURA, TOSHIHIRO  
Address: 10 HIGH POINT DRIVE  
City-St-Zip: WAYNE, NJ 074707434

Title: SFD ( ) Delete  
Name: BONANNO, EVA  
Address: 10 HIGHPOINT DR  
City-St-Zip: WAYNE, NJ 074707434

Title: SMGR ( ) Delete  
Name: SAIKI, HISAO  
Address: 10 HIGHPOINT DR  
City-St-Zip: WAYNE, NJ 074707434

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HISAO SAIKI

SMGR

01/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date