

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002352

FILED
Jan 25, 2008
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: P (X) Change () Addition
Name: HIDEYUKI, HAYASHI
Address: 10 HIGH POINT DR.
City-St-Zip: WAYNE, NJ

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

Title: T (X) Change () Addition
Name: HIDEYUKI, HAYASHI
Address: 10 HIGH POINT DRIVE
City-St-Zip: WAYNE, NJ 074707434

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

Title: DIRE (X) Change () Addition
Name: SAIKI, HISAO
Address: 10 HIGHPOINT DR
City-St-Zip: WAYNE, NJ 074707434

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: HISAO SAIKI

Electronic Signature of Signing Officer or Director

DIRE

01/25/2008

Date