## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 05, 2001 8:00 am Secretary of State DOCUMENT # F95000002425 ZUKEN-REDAC INC. 04-05-2001 90006 006 \*\*\*150.00 Principal Place of Business Mailing Address 238 LITTLETON RD 238 LITTLETON RD SUITE 100 SUITE 100 WESTFORD MA 01886 WESTFORD MA 01886 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 77-0005828 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6.= Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE DIAS. ANTHONY NAME NAME STREET ADDRESS 238 LITTLETON RD. SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTFORD MA 01886 ☐ Change ☐ Delete ☐ Addition TITLE SAKATA, YUSUKE NAME NAME STREET ADDRESS 238 LITTLETON RD, SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTFORD MA 01886 ■ Addition ☐ Delete TITLE ☐ Change TITLE KATSUBC, JINYA NAME NAME STREET ADDRESS 238 LITTLETON RD, SUITE 100 STREET ADDRESS CITY-ST-ZIP WESTFORD MA 01886 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #