

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90074 007 ***150.00

DOCUMENT # F95000002425

1. Entity Name
ZUKEN-REDAC INC.



Principal Place of Business
**238 LITTLETON RD
SUITE 100
WESTFORD MA 01886
US**

Mailing Address
**238 LITTLETON RD
SUITE 100
WESTFORD MA 01886
US**



☒ CHECK HERE IF MAKING CHANGES

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 **77-0005828**

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 ST.
SUITE 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Delete
NAME **DIAS, ANTHONY**
STREET ADDRESS **238 LITTLETON RD, SUITE 100**
CITY-ST-ZIP **WESTFORD MA 01886**

TITLE **S** ☐ Change ☒ Addition
NAME **WALTER CHANG**
STREET ADDRESS **238 LITTLETON RD, SUITE 100**
CITY-ST-ZIP **Westford MA 01886**

TITLE **P** ☐ Delete
NAME **MAKI, KASH**
STREET ADDRESS **238 LITTLETON RD, SUITE 100**
CITY-ST-ZIP **WESTFORD MA 01886**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KATSUBC, JINYA**
STREET ADDRESS **238 LITTLETON RD, SUITE 100**
CITY-ST-ZIP **WESTFORD MA 01886**

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

TITLE **D** ☐ Delete
NAME **KITAMURA, MINORU**
STREET ADDRESS **238 LITTLETON RD, SUITE 100**
CITY-ST-ZIP **WESTFORD MA 01886**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **MICHAEL MESSER**
STREET ADDRESS **238 LITTLETON RD, SUITE 100**
CITY-ST-ZIP **Westford MA 01886**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE PROURED (President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03
Date

978-692-4900
Daytime Phone #

CR2E034 (10/02)