

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 04 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F95000005539 (0)
 1. Corporation Name
EAST EDO JAPAN, INC.



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| Principal Place of Business 2599 KENNA COURT MISSISSAUGA ON L5K2K US | Mailing Address 1201 THIRD AVE., SUITE 3400 SEATTLE WA 98101-3034 |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--|---|--|--|--|
| 3. Date Incorporated or Qualified 11/13/1995 | | 4. FEI Number 91-1534118 | | Applied For <input type="checkbox"/> Not Applicable |
| 2. Principal Place of Business 21 2599 Kenna Court Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State 23 Mississauga, Ontario Zip 24 L5K 2K4 | City & State 28 Zip 29 CANADA | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | | |
|--|--|---|--|-----------|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 10. Name and Address of New Registered Agent | | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | 84 City | | |
| | | 85 Zip Code | | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE CD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE C/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME IKUTA, SUSUMU | | 1.2 NAME Ikuta, S.K. | |
| STREET ADDRESS 802 MANITOU ROAD S.E., CALGARY, ALBERTA | | 1.3 STREET ADDRESS 4838 - 32nd Street SE | |
| CITY-ST-ZIP T2G 4C5 CANADA | | 1.4 CITY-ST-ZIP Calgary, Alberta T2B 2S6 | |
| TITLE PSD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MIAZGA, BARRY | | 2.2 NAME | |
| STREET ADDRESS 2599 KENNA COURT, MISSISSAUGA, ONTARIO | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP L5K 2K4 CANADA | | 2.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MIAZGA, KAREN L | | 3.2 NAME | |
| STREET ADDRESS 2599 KENNA COURT, MISSISSAUGA, ONTARIO | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP L5K 2K4 CANADA | | 3.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JAKUBEC, ALBERT | | 4.2 NAME | |
| STREET ADDRESS 20 MIK PARK CRESCENT S.E. APT. 216, CALGARY | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP ALBERTA, T2X 1D3 CANADA | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CFR2E034 (10/97)