

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006275 (0)

1. Corporation Name

D.S. AMERICA INCORPORATED

Principal Place of Business

5110 TOLLVIEW DR.
ROLLING MEADOWS IL 60008

Mailing Address

5110 TOLLVIEW DR.
ROLLING MEADOWS IL 60008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/26/1995	3a. Date of Last Report 06/05/1996
4. FEI Number 95-2492654	Applied For Not Applicable
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
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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME CD
STREET ADDRESS TAMARU, KUNIO
CITY-ST-ZIP 29-K-109 SHIN-ASHIYA UE SUITA
OSAKA, JAPAN

TITLE ☐ DELETE
NAME PD
STREET ADDRESS NEWTON, KENNETH
CITY-ST-ZIP 2903 VILLA LANE
MCHEENRY IL 60050

TITLE ☐ DELETE
NAME VSD
STREET ADDRESS MATSUO, HIROYUKI
CITY-ST-ZIP 312 SOUTH KNOLLWOOD
SCHAUMBURG IL 60193

TITLE ☒ DELETE
NAME D
STREET ADDRESS HARA, HIROSHI
CITY-ST-ZIP 101-21 SHIMOGAMO ZENBE-CHO
SAKYO-KU, KYOTO, JAPAN

TITLE ☒ DELETE
NAME D
STREET ADDRESS HAYASHI, HAYATO
CITY-ST-ZIP 6-7-7 SATO
OTSU, SHIGA 520, JAPAN

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition
D
SHOJI SAKIYAMA
TENJINKITA-CHO, TERANOUCHI-AGURA 4-CHO,
HOKKAWA-DORI, KAMIGYO-KU, KYOTO 602, JAPAN

☒ Change ☐ Addition
D
TOSHIO NEMOTO
TENJINKITA-CHO, TERANOUCHI-AGURA-4-CHO,
HOKKAWA-DORI, KAMIGYO-KU, KYOTO 602 JAPAN

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE

7/21/97

847-870-7400

CR2E034 (4/97)