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May 08 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 # F96000001589 (8)

1. Corporation Name
TOPPAN WEST INC.



Principal Place of Business

7770 MIRAMAR ROAD
SAN DIEGO CA 92126

Mailing Address

7770 MIRAMAR ROAD
SAN DIEGO CA 92126-4203

3. Date Incorporated or Qualified

03/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 7770 MIRAMAR Rd

Suite, Apt. #, etc.

22 City & State

23 SAN Diego, CA

Zip

24 92126

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

4. FEI Number

33-0301510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ 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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHLEPP, STEVE	
STREET ADDRESS	820 SOUTH ROSE	
CITY-ST-ZIP	ESCONDIDO CA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	IWATA, NAOKI	
STREET ADDRESS	10928 CORTE CALANDRIA	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KAKIYA, HIDETAKA	
STREET ADDRESS	9960 KIKI COURT, STE 8017	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	CD - (CHAIRMAN)	<input type="checkbox"/> DELETE
NAME	FUJITA, MICHINIRO	
STREET ADDRESS	1, KANDA IZUMI-CHO, CHIYODA-KU	
CITY-ST-ZIP	TOKYO, JAPAN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NAOKI IWATA	
1.3 STREET ADDRESS	10928 CORTE CALANDRIA	
1.4 CITY-ST-ZIP	SAN Diego, CA	
2.1 TITLE	Vice President - Sales	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JERRY BARRES	
2.3 STREET ADDRESS	7770 MIRAMAR Rd	
2.4 CITY-ST-ZIP	SAN Diego, CA 92126	
3.1 TITLE	Vice President - Purchasing, Facilities	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AL STEIN	
3.3 STREET ADDRESS	7770 MIRAMAR Rd	
3.4 CITY-ST-ZIP	SAN Diego, CA 92126	
4.1 TITLE	Vice President - Manufacturing	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Palmer	
4.3 STREET ADDRESS	7770 MIRAMAR Rd	
4.4 CITY-ST-ZIP	SAN Diego, CA 92126	
5.1 TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TSUKASA KITAGAWA	
5.3 STREET ADDRESS	7770 MIRAMAR Rd	
5.4 CITY-ST-ZIP	SAN Diego, CA 92126	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED~~ - CFO
TSUKASA KITAGAWA

4/30/97

(619) 695-2222

Date

Daytime Phone #

CR2E034 (9/96)