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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F96000006096**1. Corporation Name

Principal Place of Business

FUJITSU PC CORPORATION

3. Date Incorporated or Qualifed 11/21/1996 2. Principal Place of Business 2a. Mailing Address 2b. Applied For 77-0424085 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State	598 GIBRALTAR DR MILPITAS CA 95035 US		3055 ORCHARD DRIVE SAN JOSE CA 95134				DO NOT WR	ITE IN THIS	SPACE	<u> </u>	
Suite, Apt. #, etc.			,			3		· · · · · · · · · · · · · · · · · · ·			
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Zp	City & State	9	City & State			6	Election Campaign Financing				, ,
Zip	23						Trust Fund Contribution		Ad	ded to	Fees
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 83 84 City FL 85 Sireet Address (P.O. Box Number is Not Acceptable) 87 88 88 Sireet Address (P.O. Box Number is Not Acceptable) 88 88 89 89 80 81 City FL 85 Sip Code 11. Pursuant to the provisione of Sections 607.0502 and 607.1508. Florids Statutes, the above-varied corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florids. Statutes, the above-varied corporation submits this statement for the purpose of changing its registered agent agent or both, in the State of Florids. Statutes, the above-varied corporation submits this statement for the purpose of changing its registered agent agent or both, in the State of Florids. Statutes, the above-varied corporation submits this statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing it		Country		Country		8	•	τent year Inta		•	Ì
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1200 SOUTH PINE ISLAND ROAD 182 Street Address (P.O. Box Number is Not Acceptable) 182 Street Address (P.O. Box Number is Not Acceptable) 183 184 185	CT	CODDODATION SYSTEM		וא	Name	€					İ
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14. I hereby certify that the information supplied with this filling 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90021 003 ***150.00

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