

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006096

1. Entity Name

FUJITSU PC CORPORATION

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90092 016 ***150.00

Principal Place of Business

598 GIBALTAR DR
MILPITAS CA 95035
US

Mailing Address

3055 ORCHARD DRIVE
SAN JOSE CA 95134-2005

2. Principal Place of Business

3. Mailing Address

5200 PATRICK HENRY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANTA CLARA, CA

Zip

Country

Zip

Country

95054

USA

4. FEI Number

77-0424085

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCOD	<input type="checkbox"/> Delete
NAME	EVERHART, GEORGE W	
STREET ADDRESS	598 GIBALTAR DR	
CITY-ST-ZIP	MILPITAS CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ITOH, CHIAKI	
STREET ADDRESS	598 GIBALTAR DR	
CITY-ST-ZIP	MILPITAS CA 95035	
TITLE	S	<input type="checkbox"/> Delete
NAME	ONUMA, KENICHI	
STREET ADDRESS	598 GIBALTAR DR	
CITY-ST-ZIP	MILPITAS CA 95035	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUGITA, TADAYASU	
STREET ADDRESS	1405 OHMARU, INAGI-SHI	
CITY-ST-ZIP	TOKYO 206 JA	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAKAYA, TAKASHI	
STREET ADDRESS	1-6-1 MARUNOUCHI, 1-CHOME, CHIYODA-KU	
CITY-ST-ZIP	TOKYO 100 JA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOROHOSHI, TOSHIO	
STREET ADDRESS	598 GIBRALTER DR.	
CITY-ST-ZIP	MILPITAS, CA 95035	
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITO, CHIAKO	
STREET ADDRESS	598 GIBRALTER DR.	
CITY-ST-ZIP	MILPITAS, CA 95035	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00
Date

Daytime Phone #

CR2E034 (9/99)