

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90262 034 ***150.00

DOCUMENT # F96000006096

1. Entity Name
FUJITSU PC CORPORATION



Principal Place of Business
5200 PATRICK HENRY DRIVE
SANTA CLARA CA 95054
US

Mailing Address
5200 PATRICK HENRY DRIVE
SANTA CLARA CA 95054
US

2. Principal Place of Business

3. Mailing Address
C/O FUJITSU AMERICA, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
3055 ORCHARD DRIVE

City & State

City & State
SAN JOSE, CA

4. FEI Number 77-0424085

Applied For

Not Applicable

Zip

Country

Zip
95134

Country
USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADACHI, TOSHIO 1405 AHMARU, INAGI-SHI CHIYODA-KU, TOKYO JA 100-8-11	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ITO, CHIAKO 5200 PATRICK HENRY DR SANTA CLARA CA 95054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALI, FARHAT 5200 PATRICK HENRY DRIVE SANTA CLARA CA 95054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUGITA, TADAYASU 1405 OHMARU, INAGI-SHI TOKYO 206 JA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YUASA, KAZUO 5200 PATRICK HENRY DRIVE SANTA CLARA CA 95054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOROHOSHI, TOSHIO 598 GIBRALTER DR MILPITAS CA 95035	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATOSHI IMOKAWA 1405 OHMARU, INAGI-SHI TOKYO, 206-8503, JAPAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORU ISHIKAWA 4-1-1 KAMIKODANAKA, NAKAHARA-KU KAWASAKI, KANAGAWA, 211-8588, JAPAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/16/03

CR2E034 (10/02)