

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001423

1. Entity Name  
**SOKKIA CORPORATION**

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90035 040 \*\*\*550.00

Principal Place of Business

Mailing Address

~~9111 BARTON~~  
~~PO BOX 2934~~  
~~OVERLAND PARK KS 66214~~

9111 BARTON  
PO BOX 2934  
OVERLAND PARK KS 66214

00007012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**16900 WEST 118TH TERRACE**

Suite, Apt. #, etc.

City & State  
**OLATHE, KS**

Zip  
**66051-0726**

Country  
**USA**

3. Mailing Address

**16900 WEST 118TH TERRACE**

Suite, Apt. #, etc.

City & State  
**OLATHE, KS**

Zip  
**66051-0726**

Country  
**USA**

4. FEI Number **48-0967955**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE **P** ☐ Delete  
NAME **MITSUHASI, HITOSHI**  
STREET ADDRESS **9111 BARTON**  
CITY-ST-ZIP **OVERLAND PARK KS 66214**

TITLE **VP** ☐ Delete  
NAME **ADKINS, MICHAEL S**  
STREET ADDRESS **9111 BARTON**  
CITY-ST-ZIP **OVERLAND PARK KS 66214**

TITLE **VP** ☐ Delete  
NAME **COURTNEY, JAMES V**  
STREET ADDRESS **9111 BARTON**  
CITY-ST-ZIP **OVERLAND PARK KS 66214**

TITLE **S** ☐ Delete  
NAME **COURTNEY, JAMES V**  
STREET ADDRESS **9111 BARTON**  
CITY-ST-ZIP **OVERLAND PARK KS 66214**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**JAMES V. Courtney**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SECRETARY**

**9/13/2000**  
Date

**913 492 4900**  
Daytime Phone #

CR2E034 (5/00)