

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003458

1. Entity Name

RIGAKU/USA, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90015 001 ***550.00

Principal Place of Business

199 ROSEWOOD DRIVE
DANVERS MA 01923

Mailing Address

199 ROSEWOOD DRIVE
DANVERS MA 01923

2. Principal Place of Business

9009 New Trails Dr

3. Mailing Address

9009 New Trails Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

The Woodlands, TX

City & State

The Woodlands, TX

4. FEI Number

94-2258053

Applied For

Not Applicable

Zip
77381

Country
USA

Zip
77381

Country
USA

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 NAME STREET ADDRESS CITY-ST-ZIP	CEOP SHIMURA, HIKARU 199 ROSEWOOD DRIVE DANVERS MA 01923	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVT SUGIYAMA, YASUHIRO 199 ROSEWOOD DRIVE DANVERS MA 01923	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KITAGAWA, MELVYN 199 ROSEWOOD DRIVE DANVERS MA 01923	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL, KIM 199 ROSEWOOD DRIVE DANVERS MA 01923	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SWEPSTON, PAUL 58 REDBUD RIDGE THE WOODLANDS, TX 77380	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HARDENBURG, WES 1788 NORTHWOOD TROY, MI 48064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO REN, YASU 2 GLOUCESTER HOUSE, TH2 BEVERLY, MA 01915	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTEGA, RICHARD 83 SOUTH TAYLOR POINT THE WOODLANDS, TX 77381	<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

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

8-3-00

281-363-1033

Date

Daytime Phone #

CP2E034 (5/00)