


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000003458 1. Entity Name RIGAKU/MSC, INC.	
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Principal Place of Business 9009 NEW TRAILS DR THE WOODLANDS, TX 77381	Mailing Address 9009 NEW TRAILS DR THE WOODLANDS, TX 77381
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 94-2258053	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SHIMURA, HIKARU 9009 NEW TRAILS DRIVE THE WOODLANDS, TX 77381
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUGIYAMA, YASUHIRO 14 S. MANORCLIFF PLACE THE WOODLANDS, TX 77382
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD KITAGAWA, MELVYN 35 S. CHANDLER CREEK CIRCLE THE WOODLANDS, TX 77381
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SWEPSTON, PAUL 58 REDBUD RIDGE THE WOODLANDS, TX 77380
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARDENBURG, WES 1900 TAYLOR RD AUBURN HILLS, MI 48326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUHRKE, VIC 10 SANDSTONE ST PORTOLA VALLEY, CA 94028

000000119771
74/19/04-80112-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* *S. V. P.* *4/8/04* *281-363-1033*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #