SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF COMPORATIONS

DOCUMENT # F9800006225

FUJITSU GERNERAL AMERICA, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Aug 17, 1999 8:00 am Secretary of State

08-17-1999 90003 023 ***550.00



973-575-0380

353 ROUTE 46W FAIRFIELD NJ 07004		353 ROUTE 46W FAIRFIELD NJ 07004			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					11/12/1998	
2 Principal Pl	ace of Business	2a Mailing Address	2a. Mailing Address		4. FEI Number Applied For.	
	ace or Desiries		26		22-3404948 Not Applicable	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	¬ ' .		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	res No
24	25	29	[30]		Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Hame and Address of New Registation Ag	<u> </u>
C T CORPORATION SYSTEM				112110		
) SOUTH PINE ISLAND ROAD	•	82 Street Add		ress (P.O. Box Number is Not Acceptable)	
	NTATION FL 33324	,				
		ı	83			
	to the state of th			84 City	FL	85 Zip Code
44 Development for the number of continue COZ 0503 and COZ 1509. Elevido Statutes the above named convertion submits this statement for the number of changing its registered						
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.						
SIGNATURE Slorature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Signature, typed or printed name of registered agent and title if applicable. (NO 12. OFFICERS AND DIRECTORS			13.	raci Agent signatun	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
TITLE	D	DELETE	1.1 TITLE		PRESIDENT	Change Addition
		DELETE	1.2 NAME		FUJI, HIROFUMI	2
NAME	SATO, Y 353 ROUTE 46W			REET ADDRESS	353 ROUTE 46 W	E
STREET ADDRESS					FAIRFIELD NJ 07004	
CITY-ST-ZIP	FAIRFIELD NJ 07004	150	1.4 CI	TY-ST-ZIP	EXEC VICE PRESIDENT	Change Addition
TITLÉ	. D.	DELETE			WACHE, NATE	Change (23 Addition
NAME	KOIE, Y		2.2 N		353 ROUTE 46 W	
STREET ADDRESS	353 ROUTE 46W		2.3 ST		FAIRFIELD , NJ 07004	
CITY-ST-ZIP	FAIRFIELD NJ 07004		2.4 CI 3.1 Ti	TY-ST-ZIP	FINKPIECD / NO 01001	
TITLE	K.	DELETE			L.	Change Addition
NAME	YASUURA, I.		3.2 NA			
STREET ADDRESS	353 ROUTE 46W			3.3 STREET ADDRESS		İ
CfTY-ST-ZIP	1741111222710		TY-ST-ZIP		05	
TITLE	SSVP	L DELETE	4.1 TITLE		_	Change
NAME	BALABAN, S.A.		4.2 NAME			ł
STREET ADDRESS	1 000 110012 1011		1	REET ADDRESS		
CITY-ST-ZIP	FAIRFIELD NJ 07004		_	TY-ST-ZIP		
TITLE	and the first of the	DELETE	5.1 Tf			Change Addition
NAME 🥳	hand are the form of the grade.	$\langle Q \rangle$	5.2 NA	t		
STREET ADDRESS	S COMOSYSTEM VELOCI			REET ADDRESS		
CITY-ST-ZIP	Total Articles Commence Commen			TY-ST-ZIP		
TITLE		DÉLETE	6.1 Ti		L_	Change Addition
NAME			6.2 N/	ME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
14. 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 annual report or supplemental annual 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. I further certify that the information indicated on this annual report or supplemental annual 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 12 of Block 13 if changed, or on an attackment with an address.						

DET PRESIDENT