

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002486

1. Entity Name
MATSUSHITA AVIONICS SYSTEMS CORPORATION



Principal Place of Business
**22333 29TH DRIVE, S.E.
BOTHELL, WA 98021**

Mailing Address
**22333 29TH DRIVE, S.E.
BOTHELL, WA 98021**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
33-0425071

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIZUMA, TAKASHI
STREET ADDRESS	22333 29TH DRIVE, S.E.
CITY - ST - ZIP	BOTHELL, WA 98021
TITLE	VPD
NAME	MARGIS, PAUL
STREET ADDRESS	26200 ENTERPRISE WAY
CITY - ST - ZIP	LAKE FOREST, CA 926308400
TITLE	S
NAME	MARIN, ROBERT S
STREET ADDRESS	ONE PANASONIC WAY
CITY - ST - ZIP	SECAUCUS, NJ 07094
TITLE	AS
NAME	WEINGARTEN, STEPHEN C
STREET ADDRESS	ONE PANASONIC WAY
CITY - ST - ZIP	SECAUCUS, NJ 07094
TITLE	D
NAME	IWATANI, HIDEAKI
STREET ADDRESS	ONE PANASONIC WAY
CITY - ST - ZIP	SECAUCUS, NJ 07094
TITLE	D
NAME	KONISHI, SHUICHI
STREET ADDRESS	104 MATSUO CHO KADOMA
CITY - ST - ZIP	OSAKA, JP 571-803

2004030148990
34/30/04-00112-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(425) 415-9000