

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 26 1997 8:00am  
Secretary of State

DOCUMENT # P00778

(1)

1. Corporation Name

HITACHI INSTRUMENTS, INC.

Principal Place of Business

3100 N FIRST ST  
SAN JOSE CA 95134

Mailing Address

3100 N FIRST ST  
SAN JOSE CA 95134-1809



3. Date Incorporated or Qualified

02/01/1984

3a. Date of Last Report

05/22/1996

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

94-2220297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 changing its registered office or registered agent, or both, in the State of Florida. Such change 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUONAIUTO, VALENTINE	
STREET ADDRESS	3356 NEWTON DRIVE	
CITY-ST-ZIP	MT VIEW CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHAVEZ, ANTHONY	
STREET ADDRESS	158 GRANADA DRIVE	
CITY-ST-ZIP	MT VIEW CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOGAMI, TARO	
STREET ADDRESS	3100 N FIRST ST	
CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HONKAWA, TADASHI	
STREET ADDRESS	HITACHI LTD., IIS ICHIGE	
CITY-ST-ZIP	KATSUTA IB	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INOMATA, HIROSHI	
STREET ADDRESS	HITACHI LTD., 882 ICHIGE, HITACHI NAKA-SHI	
CITY-ST-ZIP	IBRAKI 512, JAPAN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OKAMOTO, TADASHI	
STREET ADDRESS	NISSEI SANGYOO CO., LTD. C.P.O. BOX 1316	
CITY-ST-ZIP	TOKYO 100-91, JAPAN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Mark McDonald	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	delete	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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; and that my name appears in Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)