

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00778** (1)  
1. Corporation Name  
**HITACHI INSTRUMENTS, INC.**



Principal Place of Business <b>3100 N FIRST ST SAN JOSE CA 95134</b>	Mailing Address <b>3100 N FIRST ST SAN JOSE CA 95134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>02/01/1984</b>	
4. FEI Number <b>94-2220297</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, MARK			1.2 NAME	MCDONALD, MARK		
STREET ADDRESS	3356 NEWTON DRIVE			1.3 STREET ADDRESS	3100 N. FIRST ST.		
CITY-ST-ZIP	MT VIEW CA			1.4 CITY-ST-ZIP	SAN JOSE CA		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAVEZ, ANTHONY			2.2 NAME			
STREET ADDRESS	158 GRANADA DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MT VIEW CA			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HONKAWA, TADASHI			3.2 NAME	HONKAWA, TADASHI		
STREET ADDRESS	HITACHI LTD., IIS ICHIGE			3.3 STREET ADDRESS	HITACHI LTD, 882 ICHIGE, KATSUTA		
CITY-ST-ZIP	KATSUTA IB			3.4 CITY-ST-ZIP	IBARAKI, 312 JAPAN		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INOMATA, HIROSHI			4.2 NAME	INOMATA, HIROSHI		
STREET ADDRESS	HITACHI LTD., 882 ICHIGE, HITACHI NAKA-SHI			4.3 STREET ADDRESS	HITACHI LTD. 5-1, MARUNOUCHI, 1 CHOME		
CITY-ST-ZIP	IBRAKI 512, JAPAN			4.4 CITY-ST-ZIP	CHIYODA-KU, TOKYO 100 JAPAN		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OKAMOTO, TADASHI			5.2 NAME			
STREET ADDRESS	NISSEI SANGYOO CO., LTD. C.P.O. BOX 1316			5.3 STREET ADDRESS			
CITY-ST-ZIP	TOKYO 100-91, JAPAN			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	KATSUMI, SAKURAI		
STREET ADDRESS				6.3 STREET ADDRESS	50 PROSPECT AV.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	TARRYTOWN, NY 10591-4698		

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; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)