FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02529 (6)

1. Corporation Name
ASTRONET CORPORATION

Principal Place of Business	Mailing Address
SUITE 4100 37 SKYLINE DRIVE LAKE MARY FL 32746	C/O MEA- LAW DEPARTMENT 800 CIERMAIN CT MT. PROSPECT FL 60056 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1984
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25)
Zip (29) County (30)

4. FEI Number: 32-7466214 ☐ 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 § 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 607.0507 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 of New Registered Agent) (Signature required) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	HIROSHI, ISHIKAWA	12 NAME	Ishikawa, Hiroshi	
STREET ADDRESS	5665 PLAZA DR.	13 STREET ADDRESS		
CITY ST ZIP	CYPRESS BA	14 CITY ST ZIP	Cypress, CA 500001481105	
TITLE	PTD	21 TITLE	-05/09/95--01104-008	☐ Change ☐ Addition
NAME	SAKAI, TSUGUO	22 NAME	****200.00 ****200.00	
STREET ADDRESS	37 SKYLINE DRIVE	23 STREET ADDRESS		
CITY ST ZIP	LAKE MARY FL	24 CITY ST ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	HIROSE, SHINICHI	32 NAME	Iinuma, Takeo	
STREET ADDRESS	2-3 MARUNOUCHI 2-CHOME	33 STREET ADDRESS	5665 Plaza Drive	
CITY ST ZIP	CHIYODA-KU TO	34 CITY ST ZIP	Cypress, CA 90630	
TITLE	EVP	41 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, TERRY J.	42 NAME		
STREET ADDRESS	37 SKYLINE DR	43 STREET ADDRESS		
CITY ST ZIP	LAKE MARY FL	44 CITY ST ZIP		
TITLE	V	51 TITLE	VP	☒ Change ☐ Addition
NAME	DEVANEY, DAVID	52 NAME	Harada, Nagayasu	
STREET ADDRESS	37 SKYLINE DRIVE	53 STREET ADDRESS	5.196 US	
CITY ST ZIP	LAKE MARY FL	54 CITY ST ZIP		
TITLE	VP	61 TITLE		☐ Change ☐ Addition
NAME	SHEA, F. MICHEAL	62 NAME	Shea, F. Michael	
STREET ADDRESS	37 SKYLINE DR	63 STREET ADDRESS		
CITY ST ZIP	LAKE MARY FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report with an "X" in Block 11.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

5/12/95 (Date) (967) 333-7906 (Daytime Phone)

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