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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P02529

(6)

1. Corporation Name

ASTRONET CORPORATION

Principal Place of Business

SUITE 4100
37 SKYLINE DRIVE
LAKE MARY FL 32746

Mailing Address

C/O MEA- LAW DEPARTMENT
800 BIERMANN CT → 800 BIERMANN CT
MT. PROSPECT IL 60056
US



3. Date Incorporated or Qualified
06/26/1984

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

32-7466214

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

NAME

STREET ADDRESS

CITY - ST - ZIP

S

OLSCHWANG, ALAN P.

5665 PLAZA DRIVE

CYPRESS CA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD

SAKAI, TSUGUO

37 SKYLINE DRIVE

LAKE MARY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

IINUMA, TAKEO

5665 PLAZA DRIVE

CYPRESS CA 90630

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

EVP

MITCHELL, TERRY J.

37 SKYLINE DR

LAKE MARY FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

HARADA, NAGAYASU

37 SKYLINE DRIVE

LAKE MARY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

SHEA, F. MICHEAL

37 SKYLINE DR

LAKE MARY FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

DIRECTOR

SUGIMOTO, HIROSHI

5665 PLAZA DRIVE

CYPRESS, CA 90630

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

DIRECTOR

MORIYAMA, TERUHIKO

2-3 MARUNOUCHI 2-CHOME

CHIYODA-KU JAPAN

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 attachment with an address.

SIGNATURE:

SUGIMOTO, HIROSHI TSUGUO Sakai Feb 14, 97 407-333-4901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0527752

CR2E034 (9/96)