


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

05-18-2004 90003 049 \*\*\*150.00

<b>DOCUMENT # P05807</b> 1. Entity Name <b>FUJITSU CONSULTING INC.</b>					
Principal Place of Business <b>333 THORNALL STREET EDISON, NJ 08837-2246 US</b>			Mailing Address <b>333 THORNALL STREET EDISON, NJ 08837-2246 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1250 East Arques Ave</b> Suite, Apt. #, etc. <b>m/s 124</b> City & State <b>Sunnyvale, CA</b> Zip <b>94085</b> Country <b>USA</b>			
City & State  Zip      Country		4. FEI Number <b>22-2584339</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05052004      Chg-P      CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOD CHAROW, RON 333 THORNALL STREET EDISON, NJ 08837</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BRAUN, DANIEL 333 THORNALL ST EDISON, NJ 08837</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>*EVP MCCULLOCH, RON 33 THORNALL STREET EDISON, NJ 08837</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO John Rose 333 Thornall Street Edison, NJ 08837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS RUIZ, NATALIE 333 THORNALL ST EDISON, NJ 08837</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Treasurer Andrew Raider 1250 E Arques Avenue Sunnyvale, CA 94085</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO POEHNER, MICHAEL J 333 THORNALL ST EDISON, NJ 08837</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**54054602**



05052004      Chg-P      CR2E034 (10/03)

4. FEI Number  
**22-2584339**

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

7. Name and Address of New Registered Agent  
  
 Name  
  
 Street Address (P.O. Box Number is Not Acceptable)  
  
 City      **FL**      Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.      ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CFOD  
CHAROW, RON  
333 THORNALL STREET  
EDISON, NJ 08837**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change    ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
BRAUN, DANIEL  
333 THORNALL ST  
EDISON, NJ 08837**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change    ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**\*EVP  
MCCULLOCH, RON  
33 THORNALL STREET  
EDISON, NJ 08837**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change    ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**AS  
RUIZ, NATALIE  
333 THORNALL ST  
EDISON, NJ 08837**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change    ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CEO  
POEHNER, MICHAEL J  
333 THORNALL ST  
EDISON, NJ 08837**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change    ☐ Addition

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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:** *Andrew Raider*      **Andrew Raider**      *5/12/2004*      *(408) 746-6863*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      Daytime Phone #