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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:44

DOCUMENT # **P15182** **(9)**

1. Corporation Name

GE FANUC AUTOMATION NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
ROUTE 29 AT ROUTE 606 CHARLOTTESVILLE VA 22906	ROUTE 29 AT ROUTE 606 CHARLOTTESVILLE VA 22906

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/14/1987**
3a. Date of Last Report: **02/14/1994**

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: **54-1393332** ☐ 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, ROBERT P.	1.2 NAME	
STREET ADDRESS	508 ROOKWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	MIYAIRI, TETSUO	2.2 NAME	
STREET ADDRESS	2516 SMITHFELD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BREIHAN, ROBERT W.	3.2 NAME	
STREET ADDRESS	533 ROOKWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	WAYAND, ROBERT F.	4.2 NAME	
STREET ADDRESS	2505 DUNMORE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, LAWRENCE	5.2 NAME	
STREET ADDRESS	580 LOB LOLLY LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	☐ Change ☐ Addition
NAME	FINCH, DAVID C	6.2 NAME	
STREET ADDRESS	2657 CARDINAL RIDGE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	6.4 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 hereunder, or on an attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488878 FN