

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90015 010 \*\*\*150.00

**DOCUMENT # P23738**

1. Entity Name

**TOSHIBA AMERICA INFORMATION SYSTEMS, INC.**

Principal Place of Business

**9740 IRVINE BLVD.  
 IRVINE CA 92618  
 US**

Mailing Address

**TAX DEPT  
 PO BOX 19724  
 IRVINE CA 92623-9724  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**33-0338017**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **NONAKA, HISATSUGA**  
 STREET ADDRESS **2308 COLONY PLAZA**  
 CITY-ST-ZIP **NEWPORT BEACH CA 92660**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **JOHNSON, JEFFREY**  
 STREET ADDRESS **10 BEACONS FIELD**  
 CITY-ST-ZIP **DOVE CANYON CA 92679**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **WEXLER, PAUL**  
 STREET ADDRESS **10931 FURLONG DRIVE**  
 CITY-ST-ZIP **SANTA ANA CA 92705**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VT** ☐ Delete  
 NAME **FLATI, THEODORE**  
 STREET ADDRESS **6280 CANARY COURT**  
 CITY-ST-ZIP **YORBA LINDA CA 92886**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **YAMASHITA, SHUNICHI**  
 STREET ADDRESS **1251 AVE OF THE AMERICAS STE 4100**  
 CITY-ST-ZIP **NEW YORK NY 10026**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPS** ☐ Delete  
 NAME **GRAY, DONALD**  
 STREET ADDRESS **5175 BURGUNDY CIR**  
 CITY-ST-ZIP **IRVINE CA 92714**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Donald S. Gray** **DONALD S. GRAY, SECRETARY, V.P. (949) 583-3447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)