


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P23738 1. Entity Name TOSHIBA AMERICA INFORMATION SYSTEMS, INC.	
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Principal Place of Business 9740 IRVINE BLVD. IRVINE, CA 92618 US	Mailing Address TAX DEPT PO BOX 19724 IRVINE, CA 92623-9724 US
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04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0338017	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

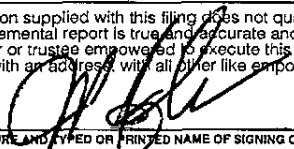
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITO, HIDEO 45 EAST 80TH ST #25A NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF JOHNSON, JEFFREY P 10 BEACONS FIELD DOVE CANYON, CA 92679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIMOMITSU, HIDEJIRO 1412 COLONY PLAZA NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLIKEN, JACK 8 LAILAC IRVINE, CA 92618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURATA, HIDEKI 1-1 SHIBAURA 1-CHOME MINATO-KU TOKYO, JAPAN, 105-801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GRAY, DONALD 5175 BURGUNDY CIR IRVINE, CA 92714

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05/02/05-80057-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Jeffrey P. Johnson V.P., CFO** **04/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #