


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90238 046 \*\*\*150.00

<b>DOCUMENT # P23738</b>	
1. Entity Name <b>TOSHIBA AMERICA INFORMATION SYSTEMS, INC.</b>	

Principal Place of Business <b>9740 IRVINE BLVD. IRVINE, CA 92618 US</b>	Mailing Address <b>TAX DEPT PO BOX 19724 IRVINE, CA 92623-9724 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40084733



04172006 Chg-P CR2E034 (11/05)

4. FEI Number <b>33-0338017</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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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 <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 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITO, HIDEO <input checked="" type="checkbox"/> Delete 45 EAST 80TH ST #25A NEW YORK, NY 10021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tsutomu Namaita 1-1, Shibaura 1-Chome Minato-Ku Tokyo 105-8001, Japan
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF <input type="checkbox"/> Delete JOHNSON, JEFFREY P 10 BEACONS FIELD DOVE CANYON, CA 92679	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete SHIMOMITSU, HIDEJIRO 1412 COLONY PLAZA NEWPORT BEACH, CA 92660	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Masahiko Fukakushi 9740 Irvine Blvd. IRVINE, CA 92618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete MILLIKEN, JACK 8 LAILAC IRVINE, CA 92618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MURATA, HIDEMI 1-1 SHIBAURA 1-CHOME MINATO-KU TOKYO, JAPAN, 105-801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Toru Uchiike 1251 Avenue of the Americas New York, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete GRAY, DONALD 5175 BURGUNDY CIR IRVINE, CA 92714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **04/21/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #