

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24176** (0)  
1. Corporation Name  
**TOSHIBA AMERICA CONSUMER PRODUCTS, INC.**

Principal Place of Business  
**82 TOTOWA ROAD  
WAYNE NJ 07470**

Mailing Address  
**82 TOTOWA ROAD  
WAYNE NJ 07470-3114**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/04/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>22-2951162</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		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

Signature of typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	OHASHI, H.	1.2 NAME	To Shihide Yasui
STREET ADDRESS	82 TOTOWA ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	WAYNE NJ 07470	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	
NAME	IIDA, S	2.2 NAME	
STREET ADDRESS	82 TOTOWA RD	2.3 STREET ADDRESS	
CITY- ST- ZIP	WAYNE NJ	2.4 CITY- ST- ZIP	
TITLE	TD	3.1 TITLE	
NAME	IIDA, S.	3.2 NAME	
STREET ADDRESS	82 TOTOWA ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	WAYNE NJ 07470	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	
NAME	CUPKA, B	4.2 NAME	
STREET ADDRESS	82 TOTOWA ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	WAYNE NJ	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	
NAME	TAGUCHI, T.	5.2 NAME	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	5.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10020	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.p. / Treasurer 4/10/97 201 628 8000

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