

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24176

1. Entity Name

TOSHIBA AMERICA CONSUMER PRODUCTS, INC.

Principal Place of Business

Mailing Address

82 TOTOWA ROAD  
WAYNE NJ 07470

82 TOTOWA ROAD  
WAYNE NJ 07470-3111

2. Principal Place of Business

Same as above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	TOSHIHIDE, YASUI	
STREET ADDRESS	82 TOTOWA ROAD	
CITY-ST-ZIP	WAYNE NJ	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ISHIKAWA, NOBUKIYO	
STREET ADDRESS	82 TOTOWA RD	
CITY-ST-ZIP	WAYNE NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAMASHITA, SHUNICHI	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	S	<input type="checkbox"/> Delete
NAME	OLIVERO, JUDY	
STREET ADDRESS	82 TOTOWA ROAD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90129 009 \*\*\*150.00

911992



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-2951162**

Applied For  
Not Applied For

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**