

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25542** (2)
1. Corporation Name
HITACHI MAXCO, LTD. CORPORATION

Principal Place of Business C/O CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801	Mailing Address C/O CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/08/1989	
				4. FEI Number 58-1696371	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUGIYAMA, KEIICHI		1.2 NAME		
STREET ADDRESS	2652 CLUB VALLEY DRIVE		1.3 STREET ADDRESS	166 Douglas Fir Drive	
CITY-ST-ZIP	MARIETTA GA		1.4 CITY-ST-ZIP	Waleska, GA 30182	
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, DOUGLAS A.		2.2 NAME		
STREET ADDRESS	1850 N MILFORD CREEK LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, DOUGLAS A.		3.2 NAME		
STREET ADDRESS	1850 N MILFORD CREEK LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIRAKURA, SHINYA		4.2 NAME		
STREET ADDRESS	3-1-16 KAKINOKIZAKA		4.3 STREET ADDRESS		
CITY-ST-ZIP	TOKYO, JAPAN		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IPPOLITO, UGO		5.2 NAME		
STREET ADDRESS	1409 PEACHTREE ST NE		5.3 STREET ADDRESS	100 Galleria Pkwy, NW, 12th Floor	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	Atlanta, Ga 30339-3122	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OKADA, KATSUTOSHI		6.2 NAME	Sakae, Masanobu	
STREET ADDRESS	2400 WESTCHESTER AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PURCHASE NY		6.4 CITY-ST-ZIP		

14. 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 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: _____ 2/20/98 (770) 424-9358

CR2E034 (10/97)