

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90011 020 ***150.00

DOCUMENT # P25542

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1989

4. FEI Number

58-1696371

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed 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 D
NAME SUGIYAMA, KEIICHI
STREET ADDRESS 166 DOUGLAS FIR DRIVE
CITY-ST-ZIP WALESKA GA 30182

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME ROBERTS, DOUGLAS A.
STREET ADDRESS 1850 N MILFORD CREEK LN
CITY-ST-ZIP MARIETTA GA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME ROBERTS, DOUGLAS A.
STREET ADDRESS 1850 N MILFORD CREEK LN
CITY-ST-ZIP MARIETTA GA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SHIRAKURA, SHINYA
STREET ADDRESS 3-1-16 KAKINOKIZAKA
CITY-ST-ZIP TOKYO, JAPAN

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME IPPOLITO, UGO
STREET ADDRESS 100 GALLERIA PKWY, NW, 12TH FL
CITY-ST-ZIP ATLANTA GA 30339

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME SAKAE, MASANOBU
STREET ADDRESS 2400 WESTCHESTER AVE
CITY-ST-ZIP PURCHASE NY

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas A. Roberts 2/3/99 (770) 424-9350

Date

Daytime Phone #

CR2E034 (1/98)