

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25542

1. Entity Name

HITACHI MAXCO, LTD. CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90429 002 ***150.00

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 19801-1120
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	58-1696371	Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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	D	<input type="checkbox"/> Delete
NAME	SUGIYAMA, KEIICHI	
STREET ADDRESS	166 DOUGLAS FIR DRIVE	
CITY-ST-ZIP	WALESKA GA 30182	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERTS, DOUGLAS A.	
STREET ADDRESS	1850 N MILFORD CREEK LN	
CITY-ST-ZIP	MARIETTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERTS, DOUGLAS A.	
STREET ADDRESS	1850 N MILFORD CREEK LN	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIRAKURA, SHINYA	
STREET ADDRESS	3-1-16 KAKINOKIZAKA	
CITY-ST-ZIP	TOKYO, JAPAN	
TITLE	D	<input type="checkbox"/> Delete
NAME	IPPOLITO, UGO	
STREET ADDRESS	100 GALLERIA PKWY, NW, 12TH FL	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAKAE, MASANOBU	
STREET ADDRESS	2400 WESTCHESTER AVE	
CITY-ST-ZIP	PURCHASE NY	

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: Douglas A. Roberts 4/27/00 (770) 424-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)