

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90035 028 \*\*\*150.00

**DOCUMENT # P25542**

1. Entity Name  
**HITACHI MAXCO, LTD. CORPORATION**

Principal Place of Business <b>C/O CORPORATION TRUST CENTER                  1209 ORANGE STREET                  WILMINGTON DE 19801</b>	Mailing Address <b>C/O CORPORATION TRUST CENTER                  1209 ORANGE STREET                  WILMINGTON DE 19801</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-1696371**      Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **SUGIYAMA, KEIICHI**  
 STREET ADDRESS **166 DOUGLAS FIR DRIVE**  
 CITY-ST-ZIP **WALESKA GA 30182**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME **MASAKUNI BANDO**  
 STREET ADDRESS **235 DEMMING WAY**  
 CITY-ST-ZIP **SUMMERVILLE, SC. 29483**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME **HIROSHI TAMURA**  
 STREET ADDRESS **SHINGU BLDG. 4-2, TOYO 2-CHOME**  
 CITY-ST-ZIP **KOTO-KU TOKYO JAPAN**

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (770) 424-9350  
 Date Daytime Phone #

CR2E034 (10/00)