

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25542

FILED
Feb 08, 2006
Secretary of State

Entity Name: HITACHI MAXCO, LTD. CORPORATION

Current Principal Place of Business:

C/O CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON, DE 19801

New Principal Place of Business:

Current Mailing Address:

1630 COBB INTERNATIONAL BLVD
KENNESAW, GA 31052

New Mailing Address:

FEI Number: 58-1696371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ROBERTS, DOUGLAS A.
Address: 1850 N MILFORD CREEK LN
City-St-Zip: MARIETTA, GA 30008

Title: T () Delete
Name: ROBERTS, DOUGLAS A
Address: 1850 N MILFORD CREEK LN
City-St-Zip: MARIETTA, GA 30008

Title: D () Delete
Name: BANDO, MASAKUNI
Address: 3751 CARA LANE
City-St-Zip: MARIETTA, GA 30062

Title: D () Delete
Name: NEUWIRTH, ALAN
Address: 101 PARK AVE.
City-St-Zip: NEW YORK, NY 10178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS A. ROBERTS

T

02/08/2006

Electronic Signature of Signing Officer or Director

Date