

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P27376

1. Entity Name
NEC SOLUTIONS (AMERICA), INC.



Principal Place of Business
10850 GOLD CENTER DR #200
STE 200
RANCHO CORDOVA, CA 95670 US

Mailing Address
10850 GOLD CENTER DR #200
STE 200
RANCHO CORDOVA, CA 95670 US

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3112037
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPCO
NAME IWANAMI, TOSHIMITSU
STREET ADDRESS 10850 GOLD CENTER DRIVE STE 200
CITY- ST- ZIP RANCHO CORDOVA, CA 95670

TITLE D
NAME KOBAYASHI, KAZUHIKO
STREET ADDRESS 7-1 SHIBA 5 CHOME MINATO KV
CITY- ST- ZIP TOKYO 108-8001 JAPAN,

TITLE D
NAME YOSHIDA, JUN
STREET ADDRESS 7-1 SHIBA 5 CHOME MINATO KV
CITY- ST- ZIP TOKYO 108-8001 JAPAN,

TITLE D
NAME KAWAMURA, TOSHIRO
STREET ADDRESS 7-1 SHIBA 5 CHOME MINATO KV
CITY- ST- ZIP TOKYO 108-8001 JAPAN,

TITLE CFOS
NAME TOGAWA, AKIRA
STREET ADDRESS 15 BUSINESS PARK WAY
CITY- ST- ZIP SACRAMENTO, CA 95828

TITLE C
NAME SADOWSKI, TONY
STREET ADDRESS 1250 N ARLINGTON HTS ROAD
CITY- ST- ZIP ITASCA, IL 60143

400027524974
01/23/04--01061--007 **150.00

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IN THIS SPACE**

12. 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 10 or Block 11 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

4/14/04

Date

916-463-7000

Daytime Phone #

TL