
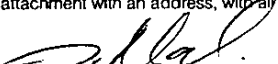


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90088 036 \*\*\*150.00

<b>DOCUMENT # P36513</b> 1. Entity Name <b>FUJITSU COMPUTER PRODUCTS OF AMERICA, INC.</b>					
Principal Place of Business <b>1255 E ARQUES AVE BLDG 17 SAN JOSE, CA 95134</b>			Mailing Address <b>C/O FUJITSU AMERICA, INC. 1250 E. ARQUES AVE. M/S 124 SUNNYVALE, CA 94085</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>77-0289455</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOSHIHIKO, MASUDA 1255 E ARQUES AVE, BLDG 17 SUNNYVALE, CA 94085	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISHIKORI, HIRONOBU 1255 E ARQUES AVE, BLDG 17 SUNNYVALE, CA 94085	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOMURA, ICHIRO 1255 E ARQUES AVE, BLDG 17 SUNNYVALE, CA 94085	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOGAWA, YOICHI 1250 E. ARQUES AVE. M/S 124 SAN JOSE, CA 95134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS TORU, MAKI 1255 E ARQUES AVE, BLDG 17 SUNNYVALE, CA 94085	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAJIMA, FUJIO 658-1, TSURUMA, MACHIDA TOKYO, 194-8510 JAPAN	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>TORU MAKI</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date <b>1/20/07</b>			Daytime Phone # <b>(408) 746-6200</b>		