## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P38575 02-12-2007 90091 016 \*\*\*150.00 1. Entity Name **ACER AMERICA CORPORATION** Principal Place of Business Mailing Address 2641 ORCHARD PARKWAY 2641 ORCHARD PARKWAY 40014461 SAN JOSE, CA 95134 SAN JOSE, CA 95134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State 77-0027736 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION, FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE D ☐ Delete TITLE ■ Addition LAY, TY NAME NAME 21F, 88, SEC 1 HSIN TAI WU RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HSICHIH, TAIPEI HSIEN 221, taiwan ☐ Change ☐ Addition ☐ Delete TITLE TITLE LANCI, GIANFRANCO NAME NAME VIA ARONA 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 20140 MILANO, ITALY, CITY-ST-ZIP CEO ☐ Delete TITLE ☐ Change ☐ Addition WANG, MING NAME NAME STREET ADDRESS 2641 ORCHARD PARKWAY STREET ADDRESS SAN JOSE, CA 95134 CITY-ST-ZIP CITY-ST-7IP P SCHMIDLEITHNER, RUDI ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SHGMIDLERITHNER, RUDY NAME STREET ADDRESS STREET ADDRESS 2641 ORCHARD PARKWAY CITY-ST-ZIP SAN JOSE, CA 95134 CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED Feb 12, 2007 8:00 am

Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

| 1. Entity Nan                              | MENT # P38575 MERICA CORPORATION  |  |                           |                             |                                      | ATTA                 | CHME                                  | ENT          | ·                           |  |
|--|---|--|---------------------------|-----------------------------|--------------------------------------|----------------------|---------------------------------------|--------------|-----------------------------|--|
| ,  | ce of Business  | Mailing Address  |                           |                             |                                      |                      |                                       | ,            |                             |  |
| 2641 ORCHARD PARKWAY<br>SAN JOSE, CA 95134 |   | 2641 ORCHARD PARKWAY<br>San Jose, Ca 95134                 |                           |                             | . 4                                  | 0014                 | 46                                    | ĺ            |                             |  |
| 2. Principal F                             | Place of Business - No P.O. Box #   | 3. Mailing Address   |                           |                             | ' ' !                                | - ' '                | , 4                                   | •            |                             |  |
| Suite, Apt. #, etc.                        |   | Suite, Apt. #, etc.  |                           |                             | 01232007                             | Chg-P                | CR2E03                                | 4 (12/06)    |                             |  |
| City & State                               |   | City & State   |                           |                             | 4. FEI Number<br>77-0027736          |                      |                                       | <del></del>  | oplied For<br>ot Applicable |  |
| Zip Country                                |   | Zip Country  |                           | у                           | 5 Certificate of Status Desired \$8. |                      |                                       | 8.75 Add     | ditional                    |  |
|  | 6. Name and Address of Current Re   | gistered Agent   | 1                         | ·                           | 7. Name and                          | Address of New       |                                       |              | ia .                        |  |
| O T CORRORATION OVOTEN                     |   |  |                           | Name                        |                                      |                      |                                       |              |                             |  |
| 1200 S PII                                 | PORATION SYSTEM<br>NE ISLAND RD<br>ION, FL 33324  | Street Address   |                           |                             | (P.O. Box Number is Not Acceptable)  |                      |                                       |              |                             |  |
|  |   |  | _                         |                             |                                      |                      |                                       |              |                             |  |
|  |   |  |                           | City                        |                                      |                      |                                       | FL Zip Code  |                             |  |
|  | e named entity submits this statement for the tions of registered agent.  | e purpose of changing its                                  | registered                | d <b>affice</b> or register | red agent, or bot                    | h, in the State of F | lorida. I am fa                       | miliar with, | and accept                  |  |
| SIGNATURE.                                 | Signature, typed or printed name of registered agent and  | title if applicable. (NOT)                                 | E: Registered             | Agent signature required    | when reinstating)                    |                      | DATE                                  |              |                             |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00   | 9. Election Campai<br>Trust Fund Cont                      | -                         | ~ ~ ~                       | .00 May Be<br>ed to Fees             |                      |                                       |              |                             |  |
| 10.  | OFFICERS AND DIF  | RECTORS  | 11.                       |                             | ADDITIONS/                           | CHANGES TO OF        | FICERS AND I                          | DIRECTOR     | S IN 11                     |  |
| TITLE<br>NAME<br>STREET AODRESS            | LAY, TY   | ☐ Delete   | TITLE<br>NAME             | 4000000                     |                                      |                      |                                       | ☐ Change     | ☐ Addition                  |  |
| CITY-ST-ZIP                                |   |  |                           | TADDRESS<br>ST-ZIP          |                                      |                      |                                       |              |                             |  |
| TITLE<br>NAME                              | D<br>LANCI, GIANFRANCO  | ☐ Delete   | TITLE<br>NAME             |                             |                                      |                      | · · · · · · · · · · · · · · · · · · · | ☐ Change     | , 🔲 Addition                |  |
| STREET ADDRESS<br>CITY-ST-ZIP              | VIA ARONA 4<br>20140 MIŁANO, ITALY,   |  | STREET<br>CITY-S          | TADDRESS<br>ST-ZIP          |                                      |                      |                                       |              |                             |  |
| TITLE                                      | CFO □ Delete ™  |  |                           |                             |                                      |                      |                                       | Change       | Addition                    |  |
| NAME<br>STREET ADDRESS                     | WANG, MING<br>2641 ORCHARD PARKWAY  |  | 0.11.001                  | ADDRESS                     |                                      |                      |                                       |              |                             |  |
| CITY-ST-ZIP<br>TITLE                       | SAN JOSE, CA 95134  P SCHMIDLEITHNER, RUI   | DI Delete  | CITY-S<br>TITLE           | 01-11F                      |                                      |                      | -                                     | ☐ Change     | Addition                    |  |
| NAME<br>STREET ADDRESS<br>CFTY-ST-ZIP      | SHGMIDLERITHNER, RUDY<br>2641 ORCHARD PARKWAY<br>SAN JOSE, CA 95134   |  | NAME<br>STREET<br>CITY-S  | ADDRESS                     |                                      |                      |                                       | <b>.</b> .   | <u> </u>                    |  |
| TITLE                                      | O.N. 1000E, O.N. 30104  | ☐ Delete   | TITLE                     |                             |                                      |                      | 1                                     | Change       | Addition                    |  |
| NAME<br>STREET ADDRESS                     |   |  | name<br>Street            | ADDRESS                     |                                      |                      |                                       | -            |                             |  |
| CITY-ST-ZIP                                |   |  | CITY-S                    | T-ZIP                       |                                      |                      |                                       |              |                             |  |
| TITLE<br>NAME "<br>STREET ADDRESS          |   | ☐ Delete   | TITLE<br>NAME<br>STREET   | ADDRESS                     |                                      |                      | [                                     | Change       | Addition                    |  |
| CITY-ST-ZIP                                | partify that the information eventiant with this  | s filing does not qualify for                              | CITY-S                    | <del> </del>                | Lin Chapter 110                      | Florida Statutes     | further see's                         | that the :-  | formation                   |  |
| indicated<br>of the cor                    | certify that the information supplied with thi<br>on this report or supplemental report is tru<br>poration or the receiver or trustee empowe<br>, or on an attachment with an address, with | ie and accurate and that π<br>ired to execute this report: | ny signatur<br>as require | re shall have the s         | same legal effect                    | as if made under     | oath; that I am                       | an officer   | or director                 |  |
| SIGNAT                                     | URE:  | - C. L.  | )                         |                             | 2                                    | 6/2007               |                                       |              |                             |  |
|  | STGNATURE AND TYPED OR PRIN   | TED NAME OF SIGNING OFFICER                                | OR DIRECTO                | //                          | 1                                    | Date                 | Day                                   | ime Phone #  |                             |  |