## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P98000076293 1. Entity Name SOMEC CORPORATION 01-23-2001 90134 040 \*\*\*150.00 Principal Place of Business Mailing Address 140 ATLANTIC DRIVE 140 ATLANTIC DRIVE MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3530417 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE D NAME NAME YAMAGUCHI, HISAKAZU STREET ADDRESS STREET ADDRESS 2-1-10 NIHONBASHI CITY-ST-7IP CITY-ST-ZIP CHUO, TOKYO, JAPAN ☐ Addition Change □ Delete TITLE TITLE YAMAGUCHI, ISAMU NAME NAME STREET ADDRESS STREET ADDRESS 2-1-10 NIHONBASHI CITY-ST-ZIP CITY-ST-ZIP CHUO, TOKYO, JAPAN TITLE ☐ Delete D TITLE -YAMAGUCHI, MOTOZU NAME NAME STREET ADDRESS STREET ADDRESS 2-4-1 KITA-KYUHOJI-MACHI CITY-ST-ZIP CITY-ST-ZIP CHUO-KU, OSAKA, JAPAN ☐ Change ☐ Addition TITLE Delete TITLE NAME JUSKIE, BERNARD NAME STREET ADDRESS STREET ADDRESS 140 ATLANTIC DRIVE CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR