## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 08, 2000 8:00 am Secretary of State DOCUMENT # P99000041821 1. Entity Name AKKO CORP. 03-08-2000 90012 031 \*\*\*150.00 Principal Place of Business Mailing Address 1360 E. NINTH ST., STE, 100 1360 E. NINTH ST., STE, 100 CLEVELAND OH 44114 **CLEVELAND OH 44114-1730** កក្តុកក្តុប្ប 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 34-1894417 Applied For City & State City & State Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 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. ☐ Change ☐ Addition TITLE TITLE President, Treasurer ☐ Delete NAME NAME Akiko Fukushima STREET ADDRESS STREET ADDRESS 1360 E. 9 Street. #100 CITY-ST-ZIP CITY-ST-ZIE Cleveland, OH 44114 [] Change Addition Delete TITLE TITLE Vice President NAME Shizue Fukushima STREET ADDRESS STREET ADDRESS 1360 E. 9th Street, #100 CITY-ST-ZIP CITY-ST-ZIP Cleveland, OH 44114 Secretary ☐ Change Addition ☐ Delete TITLE Hisaaki Fukushima NAME 1360 E. 9th Street, #100 STREET ADDRESS STREET ADDRESS Cleveland, OH 44114 CITY-ST-ZIP CITY-ST-ZIP Assistant Secretary ☐ Change Addition Delete TITLE TITLE Peter A. Carfagna 1360 E. 9th Street, #100 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cleveland, OH 44114 CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

2/14/00

Daytime Phone #