

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 836846

**Entity Name:** HORIBA INSTRUMENTS INCORPORATED

**Current Principal Place of Business:**

9755 RESEARCH DRIVE  
IRVINE, CA 92618

**Current Mailing Address:**

9755 RESEARCH DRIVE  
IRVINE, CA 92618 US

**FEI Number: 33-0820160**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, CHAIRMAN, CHIEF  
                  EXECUTIVE OFFICER  
Name           HAKHU, JAI  
Address        9755 RESEARCH DRIVE  
City-State-Zip: IRVINE CA 92618

Title           DIRECTOR, PRESIDENT, VICE  
                  PRESIDENT  
Name           HIGASHINO, TOSHIYA  
Address        9755 RESEARCH DRIVE  
City-State-Zip: IRVINE CA 92618

Title           TREASURER, VICE PRESIDENT OF  
                  FINANCE  
Name           NIE, SYLVIA  
Address        9755 RESEARCH DRIVE  
City-State-Zip: IRVINE CA 92618

Title           DIRECTOR  
Name           SAITO, JUICHI  
Address        9755 RESEARCH DRIVE  
City-State-Zip: IRVINE CA 92618

Title           DIRECTOR  
Name           OKAWA, MASAO  
Address        9755 RESEARCH DRIVE  
City-State-Zip: IRVINE CA 92618

Title           DIRECTOR  
Name           HABE, TESTSUHIRO  
Address        9755 RESEARCH DRIVE  
City-State-Zip: IRVINE CA 92618

Title           SECRETARY  
Name           RINDAHL, DEANNA  
Address        9755 RESEARCH DRIVE  
City-State-Zip: IRVINE CA 92618

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SYLVIA NIE**

**TREASURER**

**03/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date