

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001682

**FILED**  
**Feb 06, 2014**  
**Secretary of State**  
**CC9300903669**

**Entity Name:** NMB TECHNOLOGIES CORPORATION

**Current Principal Place of Business:**

9730 INDEPENDENCE AVE.  
ATTENTION: L. WATTS/LEGAL DEPT.  
CHATSWORTH, CA 91311-4373

**Current Mailing Address:**

9730 INDEPENDENCE AVE.  
ATTENTION: L. WATTS/LEGAL DEPT.  
CHATSWORTH, CA 91311-4373 US

**FEI Number:** 95-2554330

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIR  
Name YOMANTAS, GARY C  
Address 9730 INDEPENDENCE AVE.  
City-State-Zip: CHATSWORTH CA 91311-4373

Title D/P  
Name FAY, PHILIP G  
Address 9730 INDEPENDENCE AVE.  
City-State-Zip: CHATSWORTH CA 91311-4373

Title T/D  
Name KUWANO, YASUNARI  
Address 9730 INDEPENDENCE AVE.  
City-State-Zip: CHATSWORTH CA 91311-4373

Title S  
Name NODA, MITCHELL T  
Address 9730 INDEPENDENCE AVE.  
City-State-Zip: CHATSWORTH CA 91311-4373

Title VP  
Name YAMAZAKI, HIDENORI  
Address 9730 INDEPENDENCE AVE.  
City-State-Zip: CHATSWORTH CA 91311-4373

Title D  
Name MORENA, DAVID J  
Address 9730 INDEPENDENCE AVE.  
City-State-Zip: CHATSWORTH CA 91311-4373

Title MANAGER, CORPORATE COMPLIANCE PROGRAMS  
Name WATTS, LILIE R  
Address 9730 INDEPENDENCE AVE.  
ATTENTION: L. WATTS/LEGAL DEPT.  
City-State-Zip: CHATSWORTH CA 91311-4373

*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:** LILIE R. WATTS

MANAGER,CORPORATE 02/06/2014  
COMPLIANCE  
PROGRAMS

Electronic Signature of Signing Officer/Director Detail

Date

