

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000005249

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**8614006445CC**

**Entity Name:** EBARA TECHNOLOGIES INCORPORATED

**Current Principal Place of Business:**

51 MAIN AVE  
SACRAMENTO, CA 95838

**Current Mailing Address:**

51 MAIN AVE  
SACRAMENTO, CA 95838

**FEI Number:** 77-0270092

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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 T  
Name ASAI, YOKO  
Address 11-1 HANEDA ASAHI-CHO, OTA-KU  
City-State-Zip: TOKYO 144-8510

Title P  
Name ANDO, NAOKI  
Address 51 MAIN AVENUE  
City-State-Zip: SACRAMENTO CA 95838

Title CHBD  
Name HODAI, MASAO  
Address V0 BUILDING, 4-2-1, HON-FUJISAWA  
FUJISAWA CITY  
City-State-Zip: KANAGAWA 251-8-502

Title DIRECTOR  
Name RUSSAK, MICHAEL  
Address 3580 BASSET STREET  
City-State-Zip: SANTA CLARA CA 95054

Title CFO  
Name CORUM, STANLEY  
Address 51 MAIN AVENUE  
City-State-Zip: SACRAMENTO CA 95838

Title DIRECTOR  
Name FUJINO, YOSHIHIRO  
Address V0 BUILDING, 4-2-1, HON-FUJISAWA  
FUJISAWA CITY  
City-State-Zip: KANAGAWA 251-8502

Title DIRECTOR  
Name TAKAHASHI, KAZUYA  
Address V3 BUILDING, 4-2-1, HON-FUJISAWA  
FUJISAWA CITY  
City-State-Zip: KANAGAWA 251-8502

Title DIRECTOR  
Name ARAI, KATSUHIKO  
Address V0 BUILDING, HON-FUJISAWA  
FUJISAWA CITY  
City-State-Zip: KANAGAWA 251-8502

**Continues on page 2**

*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:** STANLEY CORUM

**CFO**

**02/08/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ROBERTS, DON  
Address        6621 ELECTRIC AVENUE  
City-State-Zip: WARRENTON VA 20187