

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002425

Entity Name: ZUKEN USA INC.**Current Principal Place of Business:**238 LITTLETON RD
SUITE 100
WESTFORD, MA 01886**Current Mailing Address:**238 LITTLETON RD
SUITE 100
WESTFORD, MA 01886 US**FEI Number:** 77-0005828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
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	PRESIDENT
Name	MCLEROTH, KENT
Address	238 LITTLETON RD, SUITE 100
City-State-Zip:	WESTFORD MA 01886

Title	DIRECTOR
Name	MCLEROTH, KENT
Address	238 LITTLETON RD, SUITE 100
City-State-Zip:	WESTFORD MA 01886

Title	DIRECTOR
Name	KATSUBE, JINYA
Address	238 LITTLETON RD, SUITE 100
City-State-Zip:	WESTFORD MA 01886

Title	SECRETARY
Name	SANDHAM, MARK
Address	238 LITTLETON RD., SUITE 100
City-State-Zip:	WESTFORD MA 01886

Title	OTHER
Name	STOKES, STEVEN
Address	238 LITTLETON RD SUITE 100
City-State-Zip:	WESTFORD MA 01886

Title	DIRECTOR
Name	OSHIO, SHUJI
Address	238 LITTLETON RD SUITE 100
City-State-Zip:	WESTFORD MA 01886

Title	CFO
Name	SANDHAM, MARK
Address	238 LITTLETON RD SUITE 100
City-State-Zip:	WESTFORD MA 01886

Title	CEO
Name	MCLEROTH, KENT
Address	238 LITTLETON RD SUITE 100
City-State-Zip:	WESTFORD MA 01886

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: STEVEN STOKES**OTHER****01/04/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date