

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000116

Entity Name: TEL FSI, INC.**Current Principal Place of Business:**3455 LYMAN BLVD
CHASKA, MN 55318**Current Mailing Address:**3455 LYMAN BLVD
CHASKA, MN 55318**FEI Number:** 41-1223238**Certificate of Status Desired:** No**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	DIRECTOR
Name	MAYER, BARRY
Address	3455 LYMAN BLVD
City-State-Zip:	CHASKA MN 55318

Title	SECRETARY
Name	EISENBERG, MARLENE
Address	3455 LYMAN BLVD
City-State-Zip:	CHASKA MN 55318

Title	DIRECTOR
Name	ITO, HIKARU
Address	3455 LYMAN BLVD
City-State-Zip:	CHASKA MN 55318

Title	TREASURER, DIRECTOR
Name	HORI, TETSURO
Address	3455 LYMAN BLVD
City-State-Zip:	CHASKA MN 55318

Title	CHAIRMAN, PRESIDENT
Name	NISHIGAKI, TOSHIHIKO
Address	3455 LYMAN BLVD
City-State-Zip:	CHASKA MN 55318

Title	DIRECTOR
Name	KAWAI, TOSHIKI
Address	3455 LYMAN BLVD
City-State-Zip:	CHASKA MN 55318

Title	DEACON
Name	AKIMOTO, MASAMI
Address	3455 LYMAN BLVD
City-State-Zip:	CHASKA MN 55318

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: MARLENE EISENBERG**SECRETARY****04/06/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date