


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90085 049 ***150.00

DOCUMENT # F0100006372

1. Entity Name
OPNEXT, INC.



Principal Place of Business Mailing Address
1 CHRISTOPHER WAY **1 CHRISTOPHER WAY**
EATONTOWN, NJ 07724 **EATONTOWN, NJ 07724**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04272007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
22-3761205 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

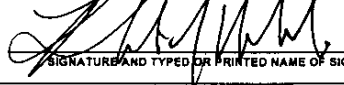
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSCO, HARRY L 104 TREEMONTE DRIVE ORANGE CITY, FL 32783	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIYOSHI, YOSHIHIRO 1 CHRISTOPHER WAY EATONTOWN, NJ 07724	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV NOBILE, ROBERT J 1 CHRISTOPHER WAY EATONTOWN, NJ 07724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, DAVID 100 NORTH CRESCENT DRIVE BEVERLY HILLS, CA 90210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD IASO, ONO 1 CHRISTOPHER WAY EATONTOWN, NJ 07724	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAKEMURA, TETSUO 1 CHRISTOPHER WAY EATONTOWN, NJ 07724	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Naoya Takahashi 27-18, Minami-oi 6-chome Shinagawa-KU TOKYO, 140-8572 Japan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ryuichi Otsuki 27-18 Minami-oi 6-chome Shinagawa-KU TOKYO, 140-8572 Japan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John F. Otto 375 Round Hill Road Greenwich, CT 06831	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kendall Cowan The Cowan Group P.O. Box 64442, Lubbock, TX 79464-4442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Isama Kuru 4-2-8505 Shimoda-cho Kohhoku-Ku, Yokohama-shi Kanagawa-ken, Japan 223-0264	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert J. Nobile** 4/30/07 (732) 544-3305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #