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Jun 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004003 (8)

1. Corporation Name
ANSUTECH, INC.

Principal Place of Business
168 KEYSTONE DR.
MONTGOMERYVILLE PA 18936

Mailing Address
168 KEYSTONE DR.
MONTGOMERYVILLE PA 18936-9637



2. Principal Place of Business
21 500 Horizon Drive
Suite, Apt. #, etc.
22 Suite 505
City & State
23 Chalfont, PA
Zip
24 18914 Country
25 USA

2a. Mailing Address
26 500 Horizon Drive
Suite, Apt. #, etc.
27 Suite 505
City & State
28 Chalfont, PA
Zip
29 18914 Country
30 USA

3. Date Incorporated or Qualified
08/18/1995

3a. Date of Last Report
03/30/1996

4. FEI Number
23-2223590

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME WILDEY, BRIAN R
STREET ADDRESS 168 KEYSTONE DR.
CITY-ST-ZIP MONTGOMERYVILLE PA 18936

TITLE VDS ☐ DELETE
NAME NAGANO, MASATO
STREET ADDRESS 168 KEYSTONE DR.
CITY-ST-ZIP MONTGOMERYVILLE PA 18936

TITLE D ☐ DELETE
NAME KITAJIMA, MITSUO
STREET ADDRESS 6-2 KOJIMA-CHO
CITY-ST-ZIP KAWASAKI-KU, KANSAS JAPAN KS 18936

TITLE D ☐ DELETE
NAME SUZUKI, TAKESHI
STREET ADDRESS 16-7-1 NISHI-SHINBASHI
CITY-ST-ZIP MINATO-KU, TOKYO, 105 JAPAN

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME NAGANO, MASATO
2.3 STREET ADDRESS 500 Horizon Drive, Suite 505
2.4 CITY-ST-ZIP Chalfont, PA 18914

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME PD
5.3 STREET ADDRESS Toshiyuki Wako
5.4 CITY-ST-ZIP 500 Horizon Drive, Suite 505
Chalfont, PA 18914

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham

CR2E034 (9/96)