


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90093 034 \*\*\*150.00

**DOCUMENT # F98000004319**

1. Entity Name  
**DNP IMS AMERICA CORPORATION**



Principal Place of Business  
**4524 ENTERPRISE DRIVE NW  
CONCORD, NC 28027 US**

Mailing Address  
**4524 ENTERPRISE DRIVE NW  
CONCORD, NC 28027 US**

**66004749**



02052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>62-1575799</b> | Applied For<br>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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KOIKE, MASATO<br>4524 ENTERPRISE DRIVE NW<br>CONCORD, NC 28027         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>NAKAGAKI, JUN<br>4524 ENTERPRISE DRIVE NW<br>CONCORD, NC 28027        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HAYAKAWA, KEIGO<br>4524 ENTERPRISE DRIVE NW<br>CONCORD, NC 28027       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SUZUKI, TAKAO<br>4524 ENTERPRISE DRIVE NW<br>CONCORD, NC 28027         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>YUJRO, KURODA<br>4524 ENTERPRISE DRIVE NW<br>CONCORD, NC 28027         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>KASHIWABARA, SNIGERU<br>4524 ENTERPRISE DRIVE NW<br>CONCORD, NC 28027 |

**DO NOT WRITE  
IN THIS SPACE**

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:** *Jun Koike* **2/5/07** **784-784-7144**

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