

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000004319

**FILED**  
**Jun 10, 2013**  
**Secretary of State**  
**CC7828187341**

**Entity Name:** DNP IMS AMERICA CORPORATION

**Current Principal Place of Business:**

4524 ENTERPRISE DRIVE NW  
CONCORD, NC 28027

**Current Mailing Address:**

4524 ENTERPRISE DRIVE NW  
CONCORD, NC 28027 US

**FEI Number:** 62-1575799

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CD  
Name KOIKE, MASATO  
Address 4524 ENTERPRISE DRIVE NW  
City-State-Zip: CONCORD NC 28027

Title ST  
Name FUKUMOTO, TORU  
Address 4524 ENTERPRISE DRIVE NW  
City-State-Zip: CONCORD NC 28027

Title P  
Name KAWABATA, KAZUHIRO  
Address 4524 ENTERPRISE DRIVE NW  
City-State-Zip: CONCORD NC 28027

Title D  
Name SHUJI, MASARU  
Address 4524 ENTERPRISE DRIVE NW  
City-State-Zip: CONCORD NC 28027

*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:** TORU FUKUMOTO

**ACCOUNTING MANAGER 06/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date