

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001086

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90156 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000004319**

1. Corporation Name  
**DAI NIPPON IMS (AMERICA) CORP.**

Principal Place of Business 4524 ENTERPRISE DRIVE NW CONCORD NC 28027	Mailing Address 4524 ENTERPRISE DRIVE NW CONCORD NC 28027
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/29/1998</b>	
21	26	4. FEI Number <b>62-1575799</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYASHI, NORIMASA	1.2 NAME	
STREET ADDRESS	4524 ENTERPRISE DRIVE NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD NC	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOIKE, MASATO	2.2 NAME	
STREET ADDRESS	4524 ENTERPRISE DRIVE NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD NC	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMAJI, YASUO	3.2 NAME	D YAMAJI, YASUO
STREET ADDRESS	4524 ENTERPRISE DRIVE NW	3.3 STREET ADDRESS	4524 ENTERPRISE DRIVE NW
CITY-ST-ZIP	CONCORD NC	3.4 CITY-ST-ZIP	CONCORD NC 28027
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUZUKI, MINORU	4.2 NAME	D SUZUKI, MINORU
STREET ADDRESS	4524 ENTERPRISE DRIVE NW	4.3 STREET ADDRESS	4524 ENTERPRISE DRIVE NW
CITY-ST-ZIP	CONCORD NC	4.4 CITY-ST-ZIP	CONCORD NC 28027
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIWA, TSUNEAKI	5.2 NAME	
STREET ADDRESS	4524 ENTERPRISE DRIVE NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD NC	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISSHIKI, MAKOTO	6.2 NAME	
STREET ADDRESS	4524 ENTERPRISE DRIVE NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD NC	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Yasuaki Suwano* 2/12/99 Date Daytime Phone #

CR2E034 (11/98)