

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90077 025 ***150.00

FR31490 AT

DOCUMENT # F98000004319

1. Entity Name
DAI NIPPON IMS (AMERICA) CORP.

Principal Place of Business Mailing Address
4524 ENTERPRISE DRIVE NW **4524 ENTERPRISE DRIVE NW**
CONCORD NC 28027 **CONCORD NC 28027**

001533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		62-1575799		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	-----------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HAYASHI, NORIMASA			NAME	KURODA, YUJIRO		
STREET ADDRESS	4524 ENTERPRISE DRIVE NW			STREET ADDRESS	4524 ENTERPRISE DR NW		
CITY-ST-ZIP	CONCORD NC			CITY-ST-ZIP	CONCORD NC 28027		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KOIKE, MASATO			NAME	KAWABATA, KAZUHIRO		
STREET ADDRESS	4524 ENTERPRISE DRIVE NW			STREET ADDRESS	4524 ENTERPRISE DR NW		
CITY-ST-ZIP	CONCORD NC			CITY-ST-ZIP	CONCORD NC 28027		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SATO, MASAKAZU			NAME	NAKAMOTO, MITSUHARU		
STREET ADDRESS	4524 ENTERPRISE DRIVE NW			STREET ADDRESS	4524 ENTERPRISE DR NW		
CITY-ST-ZIP	CONCORD NC 28027			CITY-ST-ZIP	CONCORD NC 28027		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUZUKI, MINORU			NAME			
STREET ADDRESS	4524 ENTERPRISE DRIVE NW			STREET ADDRESS			
CITY-ST-ZIP	CONCORD NC 28027			CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIWA, TSUNEAKI			NAME			
STREET ADDRESS	4524 ENTERPRISE DRIVE NW			STREET ADDRESS			
CITY-ST-ZIP	CONCORD NC			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISSHIKI, MAKOTO			NAME			
STREET ADDRESS	4524 ENTERPRISE DRIVE NW			STREET ADDRESS			
CITY-ST-ZIP	CONCORD NC			CITY-ST-ZIP			

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TSUNEAKI MIWA 1/9/02 (704) 784-7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)