


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90205 024 ***150.00

DOCUMENT # F98000004319

1. Entity Name
DNP IMS AMERICA CORPORATION



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

Mailing Address
 4524 ENTERPRISE DRIVE NW
 CONCORD, NC 28027

24068777



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04132004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
62-1575799

Applied For
 Not Applicable

Zip Country

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	D KOIKE, MASATO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4524 ENTERPRISE DRIVE NW CONCORD, NC 28027	
TITLE NAME	CD KAMEI, KUNIAKI	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4524 ENTERPRISE DRIVE NW CONCORD, NC 28027	
TITLE NAME	D KURODA, YUJIRO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4524 ENTERPRISE DRIVE NW CONCORD, NC 28027	
TITLE NAME	PD SUZUKI, TAKAO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4524 ENTERPRISE DRIVE NW CONCORD, NC 28027	
TITLE NAME	D OTAKE, FUMIO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4524 ENTERPRISE DRIVE NW CONCORD, NC 28027	
TITLE NAME	ST ZAIZEN, HIDEOMI	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4524 ENTERPRISES DRIVE NW CONCORD, NC 28027	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D KAWABATA, KAZUHIRO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4524 ENTERPRISE DR NW CONCORD, NC 28027	
TITLE NAME	D KASHIWABARA, SHIGERU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4524 ENTERPRISE DR. NW CONCORD, NC 28027	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hideomi Zaizen* **Hideomi Zaizen,**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary & Treasurer** **4/28/04** **704-784-7125**
Date Daytime Phone #