

1.) CORPORATION NAME:

**SHARP ELECTRONICS CORPORATION**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0318115**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: SHARP PLAZA

CITY/ST/ZIP: MAHWAH, NJ 07430

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: TOSHIYUKI OSAWA TITLE: PRESIDENT ADDRESS: SHARP PLAZA CITY/ST/ZIP/CO: MAHWAH, NJ 07495</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KUNIO KAMIMURA TITLE: VICE PRESIDENT ADDRESS: SHARP PLAZA BLVD CITY/ST/ZIP/CO: MEMPHIS, TN 38193</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KENJI OHATA TITLE: SR VP/T ADDRESS: SHARP PLAZA CITY/ST/ZIP/CO: MAHWAH, NJ 07495</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN E MARCK TITLE: EXEC VP ADDRESS: 5700 NW PACIFIC RIM BLVD CITY/ST/ZIP/CO: CAMAS, WA 98607</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KEVIN A FOX TITLE: SECRETARY ADDRESS: SHARP PLAZA CITY/ST/ZIP/CO: MAHWAH, NJ 07495</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM FLYNN TITLE: DIRECTOR ADDRESS: SHARP PLAZA CITY/ST/ZIP/CO: MAHWAH, NJ 07495</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HIROYUKI FUKUI DIRECTOR 9295 SIEMPRE VIVA RD SUITE J-2 SAN DIEGO, CA 92154	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HERRINGTON DIRECTOR SHARP PLAZA MAHWAH, NJ 07495	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D. LAURENCE MEIXNER DIRECTOR 5750 NW PACIFIC RIM BLVD CAMAS, WA 98607	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS ALBREGTS DIRECTOR SHARP PLAZA MAHWAH, NJ 07495	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ WILLIAM FLYNN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM FLYNN, DIRECTOR PRINTED NAME AND CORPORATE TITLE	10/26/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			