

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90013 012 ***150.00

DOCUMENT # 835737

1. Corporation Name

KONICA BUSINESS TECHNOLOGIES, INC.

Principal Place of Business

500 DAY HILL RD.
WINDSOR CT 06095

Mailing Address

500 DAY HILL ROAD
ATTN: TAX DEPT.
WINDSOR CT 06095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1976

4. FEI Number

06-0936998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS NAKAZAWA, TERUD
CITY-ST-ZIP 143 TUNXIS VILLAGE
FARMINGTON CT

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME NAKAZAWA, TERUD
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS OTANI, TAKESI
CITY-ST-ZIP 43 STRARRON FOREST WAY
SIMSBURY CT 06070

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME OTANI, TAKESI
2.3 STREET ADDRESS 43 STRARRON FOREST WAY
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S
STREET ADDRESS STONE, MEREDITH
CITY-ST-ZIP 457 CONVERSE ST.
LONG MEADOW MA 01106

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS FALERIS, JOHN
CITY-ST-ZIP 10888 FOUR LAKES DRIVE
SOUTH LYON MI 48178

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS NAKAZAWA, TERUD
CITY-ST-ZIP 143 TUNXIS VILLAGE
FARMINGTON CT

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS IWAI, FUMIO
CITY-ST-ZIP 539 SAKAHAMA
INAGI KANAGAWA, JAPAN

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

TERUD NAKAZAWA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99
Date

860-683-2222
Daytime Phone #

CR2E034 (1/98)