

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004375 (2)**

1. Corporation Name  
**FUJI TRUCOLOR, INC.**



Principal Place of Business:

555 TAXTER ROAD  
ELMSFORD NY 10523

Mailing Address:

555 TAXTER ROAD  
ELMSFORD NY 10523

2. Principal Place of Business:

2a. Mailing Address:

21 State, Apt. # etc.

26 State, 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified <b>09/28/1993</b>	3a. Date of Last Report <b>06/20/1995</b>
4. FEI Number <b>33-0477011</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability or intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.1502 and 607.1503, 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

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETED
NAME	<b>D INOUE, OSAMU</b>
STREET ADDRESS	<b>555 TAXTER ROAD</b>
CITY, STATE, ZIP	<b>ELMSFORD NY</b>
TITLE	<input type="checkbox"/> DELETED
NAME	<b>P MCGRATH, THOMAS E JR</b>
STREET ADDRESS	<b>555 TAXTER RD</b>
CITY, STATE, ZIP	<b>ELMSFORD NY</b>
TITLE	<input type="checkbox"/> DELETED
NAME	<b>S FILE, JONATHAN E ESO</b>
STREET ADDRESS	<b>555 TAXTER ROAD</b>
CITY, STATE, ZIP	<b>ELMSFORD NY</b>
TITLE	<input type="checkbox"/> DELETED
NAME	<b>T HAYASHI, HIDEYUKI</b>
STREET ADDRESS	<b>555 TAXTER ROAD</b>
CITY, STATE, ZIP	<b>ELMSFORD NY</b>
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	
1. NAME	
1.3 STREET ADDRESS	
1.4 CITY, STATE, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY, STATE, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY, STATE, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY, STATE, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6.3 STREET ADDRESS	
6.4 CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 has received or been authorized or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan E. File

2/14/96

(914)789-8100

Daytime Telephone

CR2E034 (12/95)