

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90150 048 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F93000004375**

1. Corporation Name  
**FUJICOLOR PROCESSING, INC.**



Principal Place of Business      Mailing Address  
**555 TAXTER ROAD**      **555 TAXTER ROAD**  
**ELMSFORD NY 10523**      **ELMSFORD NY 10523**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**09/28/1993**

4. FEI Number      Applied For  
**33-0477011**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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

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

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

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

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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INOUE, OSAMU	1.2 NAME	Donohue, Kevin
STREET ADDRESS	555 TAXTER ROAD	1.3 STREET ADDRESS	555 Taxter Rd.
CITY-ST-ZIP	ELMSFORD NY 10523	1.4 CITY-ST-ZIP	Elmsford, NY 10523
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, THOMAS E JR	2.2 NAME	
STREET ADDRESS	555 TAXTER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY 10523	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILE, JONATHAN E. E	3.2 NAME	
STREET ADDRESS	555 TAXTER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY 10523	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	CEO D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYASHI, HIDEYUKI	4.2 NAME	Hayashi, Hideyuki
STREET ADDRESS	555 TAXTER ROAD	4.3 STREET ADDRESS	555 Taxter Rd.
CITY-ST-ZIP	ELMSFORD NY 10523	4.4 CITY-ST-ZIP	Elmsford, NY 10523
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANAKA, YASUO	5.2 NAME	
STREET ADDRESS	555 TAXTER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSORD NY 10523	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Tanaka, Noboru
STREET ADDRESS		6.3 STREET ADDRESS	555 Taxter Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Elmsford, NY 10523

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:** **Jonathan E. File**      1/7/99      (914) 789-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/198)