


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90058 006 ***150.00

DOCUMENT # F93000004375

1. Entity Name
FUJICOLOR PROCESSING, INC.



Principal Place of Business
**555 TAXTER ROAD
 ELMSFORD, NY 10523**

Mailing Address
**555 TAXTER ROAD
 ELMSFORD, NY 10523**

44004445

2. Principal Place of Business
120 White Plains Rd.

3. Mailing Address
200 Summit Lake Drive

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.
2nd Floor



01082004 Chg-P CR2E034 (10/03)

City & State
Tarrytown, NY

City & State
Valhalla, NY

Zip
10591-5522

Country
USA

Zip
10595-1356

Country
USA

4. FEI Number
33-0477011

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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.

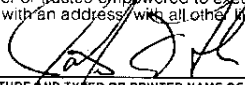
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD	<input type="checkbox"/> Delete	TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FILE, JONATHAN E. E		NAME File, Jonathan E.	
STREET ADDRESS 555 TAXTER ROAD		STREET ADDRESS 200 Summit Lake Drive	
CITY-ST-ZIP ELMSFORD, NY 10523		CITY-ST-ZIP Valhalla, NY 10595-1356	
TITLE PD	<input type="checkbox"/> Delete	TITLE PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYASHI, HIDEYUKI		NAME Hayashi, Hideyuki	
STREET ADDRESS 555 TAXTER RD		STREET ADDRESS 120 White Plains Rd., 4th Floor	
CITY-ST-ZIP ELMSFORD, NY 10523		CITY-ST-ZIP Tarrytown, NY 10591-5522	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TANAKA, YASUO		NAME Tanaka, Yasuo	
STREET ADDRESS 555 TAXTER RD		STREET ADDRESS 200 Summit Lake Drive	
CITY-ST-ZIP ELMSORD, NY 10523		CITY-ST-ZIP Valhalla, NY 10595-1356	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TANAKA, NOBORU		NAME	
STREET ADDRESS 555 TAXTER RD		STREET ADDRESS	
CITY-ST-ZIP ELMSFORD, NY 10523		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUKENO, KENJI		NAME Sukeno, Kenji	
STREET ADDRESS 555 TAXTER ROAD		STREET ADDRESS 200 Summit Lake Drive	
CITY-ST-ZIP ELMSFORD, NY 10523		CITY-ST-ZIP Valhalla, NY 10595-1356	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 life empowered.

SIGNATURE:  **Jonathan E. File, Secretary** 1/12/04 914-789-8100

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