

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90223 039 \*\*\*150.00  
F93000004375

FILED

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TALLAHASSEE, FLORIDA

20061412



<b>DOCUMENT # F93000004375</b> 1. Entity Name <b>FUJICOLOR PROCESSING, INC.</b>					
Principal Place of Business 120 WHITE PLAINS RD . 4TH FLOOR TARRYTOWN, NY 10591		Mailing Address 200 SUMMIT LAKE DRIVE 2ND FLOOR VALHALLA, NY 10595			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number 33-0477011	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
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 <b>FL</b> 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 _____ (NOTE: Registered Agents signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE SD NAME FILE, JONATHAN E. E STREET ADDRESS 200 SUMMIT LAKE DRIVE CITY-ST-ZIP VALHALLA, NY 10595	<input type="checkbox"/> Delete		TITLE S NAME File, Jonathan E. STREET ADDRESS 200 Summit Lake Drive. CITY-ST-ZIP Valhalla, NY 10595	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE POC NAME HAYASHI, HIDEYUKI STREET ADDRESS 120 WHITE PLAINS RD. 4TH FLOOR CITY-ST-ZIP TARRYTOWN, NY 10591	<input type="checkbox"/> Delete		TITLE PCEOD NAME Hiroyuki Sakai STREET ADDRESS 120 White Plains Rd., 4th Floor CITY-ST-ZIP Tarrytown, NY 10595	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TANAKA, YASUO STREET ADDRESS 200 SUMMIT LAKE DRIVE CITY-ST-ZIP VALHALLA, NY 10595	<input checked="" type="checkbox"/> Delete		TITLE D NAME Atsushi Yoneda STREET ADDRESS 200 Summit Lake Drive CITY-ST-ZIP Valhalla, NY 10595	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME SUKENO, KENJI STREET ADDRESS 200 SUMMIT LAKE DRIVE CITY-ST-ZIP VALHALLA, NY 10595	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME Hideyuki Hayashi STREET ADDRESS 200 Summit Lake Drive CITY-ST-ZIP Valhalla, NY 10595	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
<b>SIGNATURE:</b> _____		Secretary		6/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		914-789-8100	
Daytime Phone #					