

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90045 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006138

1. Corporation Name
FUJI PHOTO FILM U.S.A., INC.

Principal Place of Business 6161 BLUE LAGOON DR., STE. 320 MIAMI FL 33126-2047	Mailing Address 6161 BLUE LAGOON DR., STE. 320 MIAMI FL 33126-2047
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 555 Taxter Rd, Suite, Apt. #, etc. 22 City & State 23 Elmsford, NY Zip 24 10523	2a. Mailing Address 26 555 Taxter Rd. Suite, Apt. #, etc. 27 City & State 28 Elmsford, NY Zip 29 10523	Country 25 Westchester	Country 30 Westchester
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3. Date Incorporated or Qualified 11/05/1998	4. FEI Number 13-2550352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D OHNISHI, MINORU	1.2 NAME	DS F. Herbert Prem Jr.
STREET ADDRESS	26-30, NISHIAZABU, 2-CHOME	1.3 STREET ADDRESS	200 Park Avenue
CITY-ST-ZIP	MINATO-KU, TOKYO 106-8620	1.4 CITY-ST-ZIP	New York, NY 10166
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP TANAKA, YASUO	2.2 NAME	Jonathan E. File
STREET ADDRESS	555 TAXTER RD.	2.3 STREET ADDRESS	555 Taxter Rd.
CITY-ST-ZIP	ELMSFORD NY 10523	2.4 CITY-ST-ZIP	Elmsford, NY 10523
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FREIMUTH, STANLEY E	3.2 NAME	
STREET ADDRESS	1285 HAMILTON PKWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL 60143	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HAYASHI, HIDEYUKI	4.2 NAME	
STREET ADDRESS	555 TAXTER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY 10523	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MCGRATH, THOMAS E JR.	5.2 NAME	
STREET ADDRESS	555 TAXTER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY 10523	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T TANAKA, NOBORU	6.2 NAME	
STREET ADDRESS	555 TAXTER RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY 10523	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DS F. Herbert Prem Jr.
1.3 STREET ADDRESS	200 Park Avenue
1.4 CITY-ST-ZIP	New York, NY 10166
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jonathan E. File
2.3 STREET ADDRESS	555 Taxter Rd.
2.4 CITY-ST-ZIP	Elmsford, NY 10523
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **SIGNATURE REQUIRED** Jonathan E. File, Asst. Sec. 1/12/99 914-789-8100
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)