

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90036 009 ***150.00

DOCUMENT # F98000006138

1. Entity 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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2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number **13-2550352** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	PREM, F JR
STREET ADDRESS	555 TAXTER RD.
CITY-ST-ZIP	ELMSFORD NY 10523
TITLE	DAS <input type="checkbox"/> Delete
NAME	FILE, JONATHAN E
STREET ADDRESS	555 TAXTER RD.
CITY-ST-ZIP	ELMSFORD NY 10523
TITLE	D <input type="checkbox"/> Delete
NAME	FREIMUTH, STANLEY E
STREET ADDRESS	1285 HAMILTON PKWY.
CITY-ST-ZIP	ITASCA IL 60143
TITLE	D <input type="checkbox"/> Delete
NAME	HAYASHI, HIDEYUKI
STREET ADDRESS	555 TAXTER RD.
CITY-ST-ZIP	ELMSFORD NY 10523
TITLE	D <input type="checkbox"/> Delete
NAME	MCGRATH, THOMAS E JR.
STREET ADDRESS	555 TAXTER RD.
CITY-ST-ZIP	ELMSFORD NY 10523
TITLE	T <input type="checkbox"/> Delete
NAME	TANAKA, NOBORU
STREET ADDRESS	555 TAXTER RD.
CITY-ST-ZIP	ELMSFORD NY 10523

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED LISTING
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan E. File Date **1/17/00** Daytime Phone # **914-789-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)