

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P23309** (8)

1. Corporation Name
MINOLTA CORPORATION



Principal Place of Business: **101 WILLIAMS DRIVE RAMSEY NJ 07446**
Mailing Address: **101 WILLIAMS DRIVE RAMSEY NJ 07446**

3. Date Incorporated or Qualified: **03/07/1989**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **13-1920189**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	LYTTLE, CAROL, JR.
STREET ADDRESS	200 PARK AVE.
CITY-ST-ZIP	NEW YORK NY
TITLE	CD <input type="checkbox"/> DELETE
NAME	KUSUMOTO, SADAHEI
STREET ADDRESS	101 WILLIAMS DR.
CITY-ST-ZIP	RAMSEY NJ
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	TANIUCHI, SHIGR HARU
STREET ADDRESS	101 WILLIAMS DR.
CITY-ST-ZIP	RAMSEY NJ
TITLE	VD <input type="checkbox"/> DELETE
NAME	GOTO, KATUHIRO
STREET ADDRESS	101 WILLIAMS DRIVE
CITY-ST-ZIP	RAMSEY NJ
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	KUSADA, ATSUO
STREET ADDRESS	101 WILLIAMS DR.
CITY-ST-ZIP	RAMSEY NJ
TITLE	PD <input type="checkbox"/> DELETE
NAME	FUJII, HIROSHI
STREET ADDRESS	101 WILLIAMS DR.
CITY-ST-ZIP	RAMSEY NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VIP, TREASURER, DRAGON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	IKBUCHI, KO
3.3 STREET ADDRESS	101 WILLIAMS DR
3.4 CITY-ST-ZIP	RAMSEY NJ 07446
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GOTO, KAZUHIRO
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sr VIP + CAN MGR.
5.3 STREET ADDRESS	YOKOTA, TADASHI
5.4 CITY-ST-ZIP	101 WILLIAMS DR
5.5 CITY-ST-ZIP	RAMSEY NJ 07446
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: KO IKBUCHI 1/17/96 201-825-4000
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)