

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90022 035 \*\*\*150.00

**DOCUMENT # P23309**  
 1. Entity Name  
**KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC.**



Principal Place of Business Mailing Address  
**100 WILLIAMS DR** **100 WILLIAMS DR**  
**RAMSEY, NJ 07446** **RAMSEY, NJ 07446**

**40047200**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

02202008 Chg-P CR2E034 (12/06)

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

4. FEI Number **13-1921089** Applied For Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARAGUCHI, JUN</b>	NAME	
STREET ADDRESS	<b>100 WILLIAMS DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RAMSEY, NJ 07446</b>	CITY-ST-ZIP	
TITLE	<b>VPTD</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KURIBAYASHI, TADASHI</b>	NAME	
STREET ADDRESS	<b>101 WILLIAMS DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RAMSEY, NJ 07446</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAKAGAWA, IKUO</b>	NAME	
STREET ADDRESS	<b>100 WILLIAMS DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RAMSEY, NJ 07446</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONCZYK, MICHAEL</b>	NAME	
STREET ADDRESS	<b>100 WILLIAMS DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RAMSEY, NJ 07446</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, JEFFREY</b>	NAME	
STREET ADDRESS	<b>100 WILLIAMS DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RAMSEY, NJ 07446</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UMHOEFER, SHARON</b>	NAME	
STREET ADDRESS	<b>100 WILLIAMS DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RAMSEY, NJ 07446</b>	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:** *Michael M. Leonczyk* **MICHAEL M. LEONCZYK** **3/4/09**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #