

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:18

DOCUMENT # **P24083** (8)

1. Corporation Name  
**KONICA U.S.A., INC.**

Principal Place of Business Mailing Address  
**440 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/26/1989** 3a. Date of Last Report **03/25/1994**

4. FEI Number **23-1492451** Applied For  Not Applicable

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

6. Election Campaign Financing  **\$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 2a. Mailing Address

21 State, Apt. #, etc. 26 State, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 agent 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUNPEI, IWANO	1.2 NAME	
STREET ADDRESS	440 SYLVAN AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	ENGLEWOOD CLIFFS NJ	1.4 CITY, ST, ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, FRANK M.	2.2 NAME	
STREET ADDRESS	440 SYLVAN AVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	ENGLEWOOD CLIFFS NJ	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITESIDE, WILLIAM A, JR	3.2 NAME	
STREET ADDRESS	2000 MARKET ST., FL-10	3.3 STREET ADDRESS	
CITY, ST, ZIP	PHILADELPHIA PA	3.4 CITY, ST, ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, RICHARD E.	4.2 NAME	
STREET ADDRESS	440 SYLVAN AVE.	4.3 STREET ADDRESS	
CITY, ST, ZIP	ENGLEWOOD CLIFFS NJ	4.4 CITY, ST, ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, MAURY	5.2 NAME	
STREET ADDRESS	440 SYLVAN AVENUE	5.3 STREET ADDRESS	
CITY, ST, ZIP	ENGLEWOOD CLIFFS NJ	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMAGAI, ZENE	6.2 NAME	Delete
STREET ADDRESS	440 SYLVAN AVE	6.3 STREET ADDRESS	
CITY, ST, ZIP	ENGLEWOOD CLIFFS NJ	6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information disclosed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information disclosed 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 the report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 (if checked), or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_