


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

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FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90142 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24083

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

Principal Place of Business 440 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632	Mailing Address 440 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 04/26/1989	
4. FEI Number 23-1492451	Applied For <input type="checkbox"/> 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

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

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

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SHUNPEI, IWANO	
STREET ADDRESS	440 SYLVAN AVE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, FRANK M.	
STREET ADDRESS	440 SYLVAN AVE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITESIDE, WILLIAM A, JR	
STREET ADDRESS	2000 MARKET ST., FL-10	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, RICHARD E.	
STREET ADDRESS	440 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAHN, MAURY	
STREET ADDRESS	440 SYLVAN AVENUE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINUTOLO, FRANK	
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE	
CITY-ST-ZIP	WAYNE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Striano	
1.3 STREET ADDRESS	440 Sylvan Avenue	
1.4 CITY-ST-ZIP	Englewood Cliffs NJ 07632	
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		<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: FRANK M SHAPIRO 4/8/99 201-568-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)