

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90153 028 ***550.00

DOCUMENT # P24083

1. Entity Name
KONICA PHOTO IMAGING, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
725 Darlington Ave **725 Darlington Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Mahwah, NJ 07430 **Mahwah, NJ**
 Zip Country Zip Country
07430 **07430** **07430**

4. FEI Number Applied For
23-1492451 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

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 type="checkbox"/> Delete
NAME	STRIANO, ROBERT	
STREET ADDRESS	440 SYLVAN AVENUE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAMORU KOMIYA	
STREET ADDRESS	725 Darlington Ave	
CITY-ST-ZIP	Mahwah NJ 07430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shapiro, Frank M.	
STREET ADDRESS	725 Darlington Ave	
CITY-ST-ZIP	Mahwah, NJ 07430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whiteside, William A. Jr.	
STREET ADDRESS	725 Darlington Ave	
CITY-ST-ZIP	Mahwah, NJ 07430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIANO, Robert	
STREET ADDRESS	725 Darlington Ave	
CITY-ST-ZIP	Mahwah, NJ 07430	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nobuo Nayashi	
STREET ADDRESS	725 Darlington Ave	
CITY-ST-ZIP	Mahwah NJ, 07430	
TITLE	<i>open</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	725 Darlington Ave	
CITY-ST-ZIP	Mahwah, NJ 07430	

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: SIGNATURE REQUIRED *Frank M. Shapiro* Date: *7/14/2000* Daytime Phone #: *201 574 4000*