

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000006138****1. Entity Name**
FUJI PHOTO FILM U.S.A., INC.**Principal Place of Business**
6161 BLUE LAGOON DR., STE. 320
MIAMI FL 33126-2047**Mailing Address**
6161 BLUE LAGOON DR., STE. 320
MIAMI FL 33126-2047**FILED**
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90051 040 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4801 S. University Dr. Suite 300**3. Mailing Address**
4801 S. University Dr.**Suite, Apt. #, etc.**
Suite 300**Suite, Apt. #, etc.**
Suite 300**City & State**
Davie, FL**City & State**
Davie, FL**4. FEI Number**
13-2550352**Applied For**
Not Applicable**Zip**
33328**Country****Zip**
33328**Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CORPORATION SERVICE COMPANY**
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE**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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TANAKA, YASUO ☐ Delete
555 TAXTER RD.
ELMSFORD NY 10523**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
F. Herbert Prem, Jr.
325 E. 72nd St., Apt. 15D
New York, NY 10021**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
S ☐ Delete
FILE, JONATHAN E
555 TAXTER RD.
ELMSFORD NY 10523**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D EVP ☐ Change ☒ Addition
Hideyuki Hayashi
555 Taxter Rd.
Elmsford, NY 10523**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DEVP ☐ Delete
FREIMUTH, STANLEY E
555 TAXTER RD
ELMSFORD NY 10523**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP ☐ Change ☒ Addition
Atsushi Yoneda
555 Taxter Rd.
Elmsford, NY 10523**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
OHNISHI, MINORU
26-30 NISHIAZABU, 2-CHROME
MINATO-KU TO 106-8-20**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
T ☐ Delete
TANAKA, NOBORU
555 TAXTER RD.
ELMSFORD NY 10523**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**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:****Jonathan E. File****1/9/02****914-789-8100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)