

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90108 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # F94000002148</b>			
1. Entity Name <b>MITSUBISHI IMAGING (MC), INC.</b>			
Principal Place of Business <b>555 THEODORE FREMD AVE. RYE NY 10580</b>		Mailing Address <b>555 THEODORE FREMD AVE. RYE NY 10580</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>SUITE 105</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHIMA, AKIYOSHI</b> <input type="checkbox"/> Delete <b>555 THEODORE FREMD AVE C/O MITSUBISHI</b> <b>RYE NY 10580</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD OKA, YUTAKA</b> <input checked="" type="checkbox"/> Delete <b>555 THEODORE FREMD AVE C/O MITSUBISHI</b> <b>RYE NY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VD TOMIMASU, HIROSHI</b> <b>555 THEODORE FREMD AVE C/O MITSUBISHI</b> <b>RYE, NY 10580</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NAGAI, TSUKASA</b> <input type="checkbox"/> Delete <b>520 MADISON AVE C/O MITSUBISHI INT'L</b> <b>NEW YORK NY 10022</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GREENSPAN, DAVID</b> <input type="checkbox"/> Delete <b>555 THEODORE FREMD AVENUE C.O MITSUBISHI</b> <b>RYE NY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BURKE, NAHOKO</b> <input type="checkbox"/> Delete <b>555 THEODORE FREMDAVE C/O MITSUBISHI</b> <b>RYE NY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TOSHIYUKI, SAITO</b> <input checked="" type="checkbox"/> Delete <b>C/O MITSUBISHI 6-3 MARUNOUCHI 2-CHROME</b> <b>CHIYODA TOKYO JA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D YAMADA, SHIMPEI</b> <b>40 MITSUBISHI 6-3 MARUNOUCHI 2-CHROME</b> <b>CHIYODA-KU TOKYO JAPAN</b>

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:** DAVID GREENSPAN **DAVID GREENSPAN, TREASURER** MAR 25, 2002 914 925 3280  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)