

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005271

Entity Name: CANON SOLUTIONS AMERICA, INC.**Current Principal Place of Business:**300 COMMERCE SQUARE BLVD
BURLINGTON, NJ 08016**Current Mailing Address:**300 COMMERCE SQUARE BLVD
ATTN: TAX DEPARTMENT
BURLINGTON, NJ 08016 US**FEI Number:** 13-2677004**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CHAIRMAN
Name ADACHI, YOROKU
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

Title EXECUTIVE VP
Name SHARP, JAMES
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

Title SENIOR VP
Name BRUSCHI, CHARLES
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

Title TREASURER
Name SHIMONO, YOSHINORI
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

Title PRESIDENT
Name KUWAMURA, TOYOTSUGU
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

Title EXECUTIVE VP
Name BABOYIAN, MALKON
Address 5600 BROKEN SOUND RD
City-State-Zip: BOCA RATON FL 33487

Title SENIOR VP
Name MCGINN, ARTHUR
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

Title SECRETARY
Name LIEBMAN, SEYMOUR
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOYOTSUGU KUWAMURA**PRESIDENT****04/19/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name HIMELSTEIN, STEVEN
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name LIEBMAN, SEYMOUR
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name KUWAMURA, TOYOTSUGU
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name ADACHI, YOROKU
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name SHIMONO, YOSHINORI
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747

Title EXECUTIVE VP
Name KOWALCZUK, PETER
Address ONE CANON PARK
City-State-Zip: MELVILLE NY 11747