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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 816282 (8)  
1. Corporation Name  
KONICA IMAGING U.S.A., INC.



Principal Place of Business  
71 CHARLES STREET  
GLEN COVE NY 11542  
Mailing Address  
71 CHARLES STREET  
GLEN COVE NY 11542-2842

3. Date Incorporated or Qualified  
08/14/1962  
3a. Date of Last Report  
05/01/1996  
4. FEI Number  
11-1718626  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

HOLBROOK, JEAN  
1072 S. POWERLINE RD.  
DEERFIELD BCH. FL 33442

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  
FL

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 Jean Holbrook / MANAGER CUSTOMER SERVICE/DISTRIBUTION NATIONAL 4/24/97  
Signature, typed or printed name of registered agent and to whom it is applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME IWAMA, HIDEAKI  
STREET ADDRESS 10 NARCISSUS DRIVE  
CITY-ST-ZIP SYOSSET NY  
TITLE S  
NAME ORLANDO, JOHN D.  
STREET ADDRESS 9 STIRRUP LANE  
CITY-ST-ZIP GLEN COVE NY  
TITLE T  
NAME ORLANDO, JOHN D  
STREET ADDRESS 9 STIRRUP LANE  
CITY-ST-ZIP GLEN COVE NY 11542  
TITLE V  
NAME SCHUSTER, STEPHEN  
STREET ADDRESS 23 WINFIELD DAVIS DRIVE  
CITY-ST-ZIP CORAM NY 11727  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: John D. Orlando 4/24/97 (516) 674-2500

CR2E034 (9/96)