

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1962	
21		26		4. FEI Number 11-1718626	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country

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
FL	85 Zip Code

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 _____
Signature: Typed or printed name of registered agent and the applicable date (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAMA, HIDEAKI		1.2 NAME	KASAYUKI MATSUMOTO	
STREET ADDRESS	10 NARCISSUS DRIVE		1.3 STREET ADDRESS	26-2 Nishishinjuku 1-chome, Shinjuku-ku	
CITY-ST-ZIP	SYOSSET NY		1.4 CITY-ST-ZIP	Tokyo, 163, JAPAN	
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLANDO, JOHN D.		2.2 NAME	CLAUDE BROOKS	
STREET ADDRESS	9 STIRRUP LANE		2.3 STREET ADDRESS	526 ALEGRA DRIVE	
CITY-ST-ZIP	GLEN COVE NY		2.4 CITY-ST-ZIP	WESTBURY, N.Y. 11590	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLANDO, JOHN D		3.2 NAME	CLAUDE BROOKS	
STREET ADDRESS	9 STIRRUP LANE		3.3 STREET ADDRESS	526 ALEGRA DRIVE	
CITY-ST-ZIP	GLEN COVE NY 11542		3.4 CITY-ST-ZIP	WESTBURY, N.Y. 11590	
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, STEPHEN		4.2 NAME		
STREET ADDRESS	23 WINFIELD DAVIS DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAM NY 11727		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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.

CR2E034 (10/97)