

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 05, 2006 08:00 AM
Secretary of State**

DOCUMENT # 816282

1. Entity Name
KONICA GRAPHIC IMAGING INTERNATIONAL, INC



Principal Place of Business
71 CHARLES STREET
GLEN COVE, NY 11542

Mailing Address
71 CHARLES STREET
GLEN COVE, NY 11542



08282006 No Chg-P CR2E034 (11/05)

4. FEI Number
11-1718626

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FUSSELL, PHIL
1732 S.W. 4TH COURT
FT. LAUDERDALE, FL 33312

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHULTER, STEPHEN
STREET ADDRESS	23 WINFIELD DAVID DR
CITY-ST-ZIP	CORAM, NY 11727
TITLE	S
NAME	NISHIMURA, SHUNSUKE
STREET ADDRESS	9 OLD WOOD RD
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	T
NAME	NISHIMURA, SHUNSUKE
STREET ADDRESS	9 OLDWOOD RD
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherie McBoal **SHERIE MCBOAL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/06
Date

516-674-2675
Daytime Phone #