FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **825374** **(2)**

1. Corporation Name

KONICA MEDICAL CORPORATION

Principal Place of Business	Mailing Address
411 NEWARK POMPTON TURNPIKE WAYNE NJ 07470	411 NEWARK POMPTON TURNPIKE WAYNE NJ 07470

3. Date Incorporated or Qualified: **11/16/1970**

3a. Date of Last Report: **02/08/1995**

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

4. FEI Number: **22-1913997** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and the date as well. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME	SUZUKI, SHIGERU		1.2 NAME	JERRY LEIBOWITZ	
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE		1.3 STREET ADDRESS	411 NEWARK POMPTON TURNPIKE	
CITY-ST-ZIP	WAYNE NJ 07470		1.4 CITY-ST-ZIP	WAYNE, NJ 07470	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MINUTOLO, FRANK		2.2 NAME		
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE NJ 07470		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NOZAKI, KEN		3.2 NAME		
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE NJ		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITESIDE, WILLIAM A JR.		4.2 NAME		
STREET ADDRESS	2000 MARKET STREET, 10TH FLOOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19103		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ JERRY LEIBOWITZ 1-29-96 201-633-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #