

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825374

FILED
May 01, 2008
Secretary of State

Entity Name: KONICA MINOLTA MEDICAL IMAGING U.S.A., INC.

Current Principal Place of Business:

411 NEWARK POMPTON TURNPIKE
WAYNE, NJ 07470

New Principal Place of Business:

Current Mailing Address:

411 NEWARK POMPTON TURNPIKE
WAYNE, NJ 07470

New Mailing Address:

FEI Number: 22-1913997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: TANIDA, KIYOFUMI
Address: 411 NEWARK POMPTON TURNPIKE
City-St-Zip: WAYNE, NJ 07470

Title: PVTD () Delete
Name: HASEGAWA, TERRY
Address: 411 NEWARK PANPTON TURNPIKE
City-St-Zip: WAYNE, NJ 07470

Title: SD () Delete
Name: SCOTT, KEVIN B
Address: 2000 MARKET STREET, 10TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PVTD (X) Change () Addition
Name: KOBAYASHI, KAZUHIRO
Address: 411 NEWARK PANPTON TURNPIKE
City-St-Zip: WAYNE, NJ 07470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN B. SCOTT

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05/01/2008

Electronic Signature of Signing Officer or Director

Date