## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 825374** 

FILED Mar 29, 2009 Secretary of State

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

Current P	rincipal Place	of Business:	New Principal Place	of Business:
411 NEW WAYNE, N	ARK POMPTO NJ 07470	N TURNPIKE		
Current M	lailing Addres	ss:	New Mailing Addres	ss:
411 NEW WAYNE, N	ARK POMPTO NJ 07470	N TURNPIKE		
FEI Number	: 22-1913997	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
1201 HAY	ATION SERVIC S STREET			
	SSEE, FL 323		purpose of changing its registere	ed office or registered agent, or both,
The above	,		purpose of changing its registere	ed office or registered agent, or both,
The above	named entity of the control of the c	submits this statement for the		
The above in the State	named entity se of Florida. RE: Electror	submits this statement for the		ed office or registered agent, or both,  Date
The above in the Stati SIGNATUI	named entity se of Florida. RE: Electror	submits this statement for the nic Signature of Registered Ag	ent	
The above in the Stati SIGNATUI	e named entity se of Florida.  RE: Electror  mpaign Financing  S AND DIREC  CD ()  TANIDA, KIYOF	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS: Delete SUMI POMPTON TURNPIKE	ent	Date
The above in the State SIGNATUI SIGNATUI CARRELL CARRE	e named entity se of Florida.  RE:  Electror  mpaign Financing  S AND DIREC  CD ()  TANIDA, KIYOF  411 NEWARK I  WAYNE, NJ 07  PVTD ()  KOBAYASHI, K	submits this statement for the submits this statement for the size of Registered Agg Trust Fund Contribution ( ).  TORS: Delete SUMI POMPTON TURNPIKE 1470 Delete AZUHIRO PANPTON TURNPIKE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTORS

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 S 03/29/2009