

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90144 004 \*\*\*550.00

0145237 AB

**DOCUMENT # F02000003036**

1. Entity Name

**ENOVATION GRAPHIC SYSTEMS, INC.**



Principal Place of Business

**555 TAXTER ROAD  
ELMSFORD NY 10523**

Mailing Address

**555 TAXTER ROAD  
ELMSFORD NY 10523**

2. Principal Place of Business

**200 Summit Lake Drive**

Suite, Apt. #, etc.

3. Mailing Address

**200 Summit Lake Drive**

Suite, Apt. #, etc.

City & State

**VALHALLA, NY 10595-1356**

Zip

Country

City & State

**VALHALLA, NY 10595-1356**

Zip

Country

4. FEI Number

**23-1430030**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MULLAN, JAMES</b>	
STREET ADDRESS	<b>555 TAXTER ROAD</b>	
CITY-ST-ZIP	<b>ELMSFORD NY 10523</b>	
TITLE	<b>CCEO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YONEDA, ATSUSHI</b>	
STREET ADDRESS	<b>555 TAXTER ROAD</b>	
CITY-ST-ZIP	<b>ELMSFORD NY 10523</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAFFEO, DANIEL</b>	
STREET ADDRESS	<b>555 TAXTER ROAD</b>	
CITY-ST-ZIP	<b>ELMSFORD NY 10523</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FILE, JONATHAN</b>	
STREET ADDRESS	<b>555 TAXTER ROAD</b>	
CITY-ST-ZIP	<b>ELMSFORD NY 10523</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TANAKA, NOBORU</b>	
STREET ADDRESS	<b>555 TAXTER ROAD</b>	
CITY-ST-ZIP	<b>ELMSFORD NY 10523</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President &amp; CEO &amp; Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Atsushi Yoneda</b>	
STREET ADDRESS	<b>200 Summit Lake Drive</b>	
CITY-ST-ZIP	<b>Valhalla, NY 10595-1356</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Yasuo Tanaka</b>	
STREET ADDRESS	<b>200 Summit Lake Drive</b>	
CITY-ST-ZIP	<b>Valhalla, NY 10595-1356</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stanley E. Freimuth</b>	
STREET ADDRESS	<b>200 Summit Lake Drive</b>	
CITY-ST-ZIP	<b>Valhalla, NY 10595-1356</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jonathan E. File</b>	
STREET ADDRESS	<b>200 Summit Lake Drive</b>	
CITY-ST-ZIP	<b>Valhalla, NY 10595-1356</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kenji Sukeno</b>	
STREET ADDRESS	<b>200 Summit Lake Drive</b>	
CITY-ST-ZIP	<b>Valhalla, NY 10595-1356</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Minoru Ohnishi</b>	
STREET ADDRESS	<b>26-30 Nishiazabu, 2-Chome</b>	
CITY-ST-ZIP	<b>Minato-ku Tokyo 106, Japan</b>	

12. 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 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:**

**SIGNATURE REQUIRED**

**Jonathan E. File, Secretary**

**7/21/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)