


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90038 007 \*\*\*150.00

**DOCUMENT # F04000005578**

1. Entity Name  
**OLYMPUS IMAGING AMERICA INC.**



Principal Place of Business  
**TWO CORPORATE CENTER DRIVE  
 MELVILLE, NY 11747**

Mailing Address  
**P.O. BOX 9058  
 MELVILLE, NY 11747**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



06292005 Chg-P CR2E034 (10/03)

4. FEI Number  
**76-0765221**

Applied For  
 Not Applicable

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

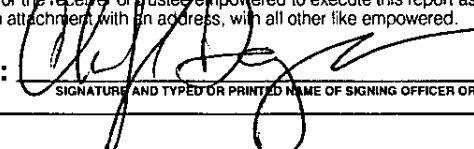
**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	GUMZ, F. MARK	
STREET ADDRESS	TWO CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	V	<input type="checkbox"/> Delete
NAME	MULLER, STEWART	
STREET ADDRESS	TWO CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZAUDERER, HOWARD J	
STREET ADDRESS	TWO CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	T	<input type="checkbox"/> Delete
NAME	WATANABE, KAZUHIRO	
STREET ADDRESS	TWO CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CAIRNEY, KATHLEEN F	
STREET ADDRESS	TWO CORPORATE CENTER DR	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirk Mackey	
STREET ADDRESS	Two Corporate Center Dr.	
CITY-ST-ZIP	Melville, NY 11747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  **6/30/05** **631 844 5138**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #