

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000005440

FILED
Jul 05, 2007
Secretary of State

Entity Name: KONICA MINOLTA SYSTEMS LABORATORY, INC.

Current Principal Place of Business:

295 WAYMONT CT., STE 109
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

301 VELOCITY WAY
FOSTER CITY, CA 94404

New Mailing Address:

FEI Number: 77-0465197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SENSUI, KIYOSHI
Address: 5701 SKYLAB RD., 2ND FL
City-St-Zip: HUNTINGTON BEACH, CA 92647

Title: VP () Delete
Name: TOMITA, HIROSHI
Address: 301 VELOCITY WAY
City-St-Zip: FOSTER CITY, CA 94404

Title: SEC () Delete
Name: CUPKA, BRIAN
Address: 100 WILLIAMS DR
City-St-Zip: RAMSEY, NJ 07446

Title: TREA () Delete
Name: KURIBAYASHI, TADASHI
Address: 100 WILLIAMS DR
City-St-Zip: RAMSEY, NJ 07446

Title: VC () Delete
Name: IMAZATO, KATSUNOBU
Address: C/O 301 VELOCITY WAY
City-St-Zip: FOSTER CITY, CA 94404

Title: D () Delete
Name: HARAGUCHI, JUN
Address: 100 WILLIAMS DR
City-St-Zip: RAMSEY, NJ 07446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TOMITA, HIROSHI
Address: 5701 SKYLAB RD., 2ND FL
City-St-Zip: HUNTINGTON BEACH, CA 92647

Title: VP (X) Change () Addition
Name: FUJIMORI, TOSHIRO
Address: 5701 SKYLAB RD, 2ND FL
City-St-Zip: HUNTINGTON BEACH, CA 92647

Title: SEC (X) Change () Addition
Name: CUPKA, BRIAN
Address: 101 WILLIAMS DR
City-St-Zip: RAMSEY, NJ 07446

Title: TREA (X) Change () Addition
Name: MATSUMOTO, YUKIO
Address: 101 WILLIAMS DR
City-St-Zip: RAMSEY, NJ 07446

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

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: DENI CASTER

Electronic Signature of Signing Officer or Director

DIR

07/05/2007

Date