## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005440

Entity Name: KONICA MINOLTA SYSTEMS LABORATORY, INC.

FILED Apr 13, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
295 WAYMONT CT., STE 109 LAKE MARY, FL 32746			STE 1530	3224 W LAKE MARY BLVD STE 1530 LAKE MARY, FL 32746	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
301 VELOCITY WAY FOSTER CITY, CA 94404			301 VELOCITY WAY 3RD FL FOSTER CITY, CA 9		
FEI Number:	77-0465197	FEI Number Applied For ( ) FEI	Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
The above in the State		ubmits this statement for the purpos	se of changing its registere	d office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () I TOMITA, HIROSH 5701 SKYLAB R HUNTINGTON BE	D., 2ND FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () [ FUJIMORI, TOSH 5701 SKYLAB RI HUNTINGTON BE	D, 2ND FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () I HACK, BRYAN 101 WILLIAMS I RAMSEY, NJ 07		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TREA () [ SAITO, MAKOTO 101 WILLIAMS E RAMSEY, NJ 07	PR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VC () I TSUMURA, NOBI C/O 301 VELOCI FOSTER CITY, C	TY WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ()E HARAGUCHI, JU 100 WILLIAMS E RAMSEY, NJ 07	PR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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 DIR 04/13/2009