

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000004375**

1. Corporation Name

FUJICOLOR PROCESSING, INC.

Principal Place of Business

555 TAXTER ROAD  
ELMSFORD NY 10523

Mailing Address

555 TAXTER ROAD  
ELMSFORD NY 10523

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90150 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1993

4. FEI Number

33-0477011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	INOUE, OSAMU	
STREET ADDRESS	555 TAXTER ROAD	
CITY-ST-ZIP	ELMSFORD NY 10523	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGRATH, THOMAS E JR	
STREET ADDRESS	555 TAXTER RD	
CITY-ST-ZIP	ELMSFORD NY 10523	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FILE, JONATHAN E. E	
STREET ADDRESS	555 TAXTER ROAD	
CITY-ST-ZIP	ELMSFORD NY 10523	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAYASHI, HIDEYUKI	
STREET ADDRESS	555 TAXTER ROAD	
CITY-ST-ZIP	ELMSFORD NY 10523	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TANAKA, YASUO	
STREET ADDRESS	555 TAXTER RD	
CITY-ST-ZIP	ELMSORD NY 10523	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donohue, Kevin	
1.3 STREET ADDRESS	555 Taxter Rd.	
1.4 CITY-ST-ZIP	Elmsford, NY 10523	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	CEO D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hayashi, Hideyuki	
4.3 STREET ADDRESS	555 Taxter Rd.	
4.4 CITY-ST-ZIP	Elmsford, NY 10523	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tanaka, Noboru	
6.3 STREET ADDRESS	555 Taxter Rd.	
6.4 CITY-ST-ZIP	Elmsford, NY 10523	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jonathan E. File* 1/7/99 (914) 789-8100

CR2E034 (1/98)