

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90058 006 \*\*\*150.00

**DOCUMENT # F93000004375**

1. Entity Name  
**FUJICOLOR PROCESSING, INC.**



Principal Place of Business  
**555 TAXTER ROAD  
ELMSFORD, NY 10523**

Mailing Address  
**555 TAXTER ROAD  
ELMSFORD, NY 10523**

**44004445**

2. Principal Place of Business  
**120 White Plains Rd.**

3. Mailing Address  
**200 Summit Lake Drive**



01082004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.  
**4th Floor**

Suite, Apt. #, etc.  
**2nd Floor**

City & State  
**Tarrytown, NY**

City & State  
**Valhalla, NY**

4. FEI Number  
**33-0477011**

Applied For  
Not Applicable

Zip  
**10591-5522**

Country  
**USA**

Zip  
**10595-1356**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

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

**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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE **SD** ☐ Delete  
NAME **FILE, JONATHAN E. E**  
STREET ADDRESS **555 TAXTER ROAD**  
CITY-ST-ZIP **ELMSFORD, NY 10523**

TITLE **PD** ☐ Delete  
NAME **HAYASHI, HIDEYUKI**  
STREET ADDRESS **555 TAXTER RD**  
CITY-ST-ZIP **ELMSFORD, NY 10523**

TITLE **D** ☐ Delete  
NAME **TANAKA, YASUO**  
STREET ADDRESS **555 TAXTER RD**  
CITY-ST-ZIP **ELMSORD, NY 10523**

TITLE **T** ☒ Delete  
NAME **TANAKA, NOBORU**  
STREET ADDRESS **555 TAXTER RD**  
CITY-ST-ZIP **ELMSFORD, NY 10523**

TITLE **T** ☐ Delete  
NAME **SUKENO, KENJI**  
STREET ADDRESS **555 TAXTER ROAD**  
CITY-ST-ZIP **ELMSFORD, NY 10523**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **SD** ☒ Change ☐ Addition  
NAME **File, Jonathan E.**  
STREET ADDRESS **200 Summit Lake Drive**  
CITY-ST-ZIP **Valhalla, NY 10595-1356**

TITLE **PDC** ☒ Change ☐ Addition  
NAME **Hayashi, Hideyuki**  
STREET ADDRESS **120 White Plains Rd., 4th Floor**  
CITY-ST-ZIP **Tarrytown, NY 10591-5522**

TITLE **D** ☒ Change ☐ Addition  
NAME **Tanaka, Yasuo**  
STREET ADDRESS **200 Summit Lake Drive**  
CITY-ST-ZIP **Valhalla, NY 10595-1356**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition  
NAME **Sukeno, Kenji**  
STREET ADDRESS **200 Summit Lake Drive**  
CITY-ST-ZIP **Valhalla, NY 10595-1356**

TITLE ☐ Change ☐ 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 life empowered.

**SIGNATURE:**

**Jonathan E. File, Secretary**

**1/12/04**

**914-789-8100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #