

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002148

1. Entity Name

mitsubishi imaging (mc), inc.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90062 029 \*\*\*150.00

Principal Place of Business

Mailing Address

THEODORE FREMD AVE.  
NY 10580

555 THEODORE FREMD AVE.  
RYE NY 10580-1451

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3763470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                           |                                 |
|----------------|-------------------------------------------|---------------------------------|
| TITLE          | RD                                        | <input type="checkbox"/> Delete |
| NAME           | ATSUSHI, BANDO                            |                                 |
| STREET ADDRESS | 555 THEODORE FREMD AVE C/O MITSUBISHI     |                                 |
| CITY-ST-ZIP    | RYE NY                                    |                                 |
| TITLE          | VD                                        | <input type="checkbox"/> Delete |
| NAME           | OKA, YUTAKA                               |                                 |
| STREET ADDRESS | 555 THEODORE FREMD AVE C/O MITSUBISHI     |                                 |
| CITY-ST-ZIP    | RYE NY                                    |                                 |
| TITLE          | D                                         | <input type="checkbox"/> Delete |
| NAME           | SUZUKI, YASUO                             |                                 |
| STREET ADDRESS | C/O MITSUBISHI CORP 6-3 MARVNOUCH 2 CHOME |                                 |
| CITY-ST-ZIP    | CHIYODA-KU, TOKYO, JAPAN                  |                                 |
| TITLE          | T                                         | <input type="checkbox"/> Delete |
| NAME           | GREENSPAN, DAVID                          |                                 |
| STREET ADDRESS | 555 THEODORE FREMD AVENUE C.O MITSUBISHI  |                                 |
| CITY-ST-ZIP    | RYE NY                                    |                                 |
| TITLE          | S                                         | <input type="checkbox"/> Delete |
| NAME           | BURKE, NAHOKO                             |                                 |
| STREET ADDRESS | 555 THEODORE FREMDAVE C/O MITSUBISHI      |                                 |
| CITY-ST-ZIP    | RYE NY                                    |                                 |
| TITLE          | D                                         | <input type="checkbox"/> Delete |
| NAME           | TOSHIYUKI, SAITO                          |                                 |
| STREET ADDRESS | C/O MITSUBISHI 6-3 MARUNOUCHI 2-CHROME    |                                 |
| CITY-ST-ZIP    | CHIYODA TOKYO JA                          |                                 |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David Greenspan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID GREENSPAN, TREASURER FEB 2, 2000 9149253250

CR2E034 (9/99)