

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

FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000001560 (9)

1. Corporation Name  
MENICON U.S.A., INC.



Principal Place of Business

333 W. PONTIAC WAY  
CLOVIS CA 93612

Mailing Address

333 W. PONTIAC WAY  
CLOVIS CA 93612-5613

3. Date Incorporated or Qualified

03/27/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

94-3100900

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	CP	<input type="checkbox"/> DELETE
NAME	TANAKA, KYOICHI	CHANGE
STREET ADDRESS	333 W. PONTIAC WAY	
CITY - ST - ZIP	CLOVIS CA 93612	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HIGAKI, TAIJI	CHANGE
STREET ADDRESS	333 W. PONTIAC WAY	
CITY - ST - ZIP	CLOVIS CA 93612	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ISHIZAKA, SHOKO	
STREET ADDRESS	333 W. PONTIAC WAY	
CITY - ST - ZIP	CLOVIS CA 93612	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TSUKAMOTO, HIROAKI	
STREET ADDRESS	333 W. PONTIAC WAY	
CITY - ST - ZIP	CLOVIS CA 93612	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tanaka, Kyoichi	
1.3 STREET ADDRESS	333 W. Pontiac Way	
1.4 CITY - ST - ZIP	Clovis, CA 93612	
2.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Higaki, Taiji	
2.3 STREET ADDRESS	333 W. Pontiac Way	
2.4 CITY - ST - ZIP	Clovis, CA 93612	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brian Regan	
3.3 STREET ADDRESS	333 W. Pontiac Way	
3.4 CITY - ST - ZIP	Clovis, CA 93612	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Shizuya Yoneda	
4.3 STREET ADDRESS	333 W. Pontiac Way	
4.4 CITY - ST - ZIP	Clovis, CA 93612	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shinichi Takahata	
5.3 STREET ADDRESS	333 W. Pontiac Way	
5.4 CITY - ST - ZIP	Clovis, CA 93612	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Taiji Higaki,

1/27/97

(209)292-2020

Date

Daytime Phone #

CR2E034 (9/96)