

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90045 019 ***150.00

0180772

DOCUMENT # **F98000006138**

1. Corporation Name

FUJI PHOTO FILM U.S.A., INC.

Principal Place of Business

6161 BLUE LAGOON DR., STE. 320
MIAMI FL 33126-2047

Mailing Address

6161 BLUE LAGOON DR., STE. 320
MIAMI FL 33126-2047

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1998

4. FEI Number

13-2550352

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

2. Principal Place of Business

21 **555 Taxter Rd.,**

Suite, Apt. #, etc.

22

City & State

23 **Elmsford, NY**

Zip

24 **10523**

Country

25 **Westchester**

2a. Mailing Address

26 **555 Taxter Rd.**

Suite, Apt. #, etc.

27

City & State

28 **Elmsford, NY**

Zip

29 **10523**

Country

30 **Westchester**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE

NAME **OHNISHI, MINORU**
STREET ADDRESS **26-30, NISHIAZABU, 2-CHOME**
CITY-ST-ZIP **MINATO-KU, TOKYO 106-8620**

TITLE **DP** ☐ DELETE

NAME **TANAKA, YASUO**
STREET ADDRESS **555 TAXTER RD.**
CITY-ST-ZIP **ELMSFORD NY 10523**

TITLE **D** ☐ DELETE

NAME **FREIMUTH, STANLEY E**
STREET ADDRESS **1285 HAMILTON PKWY.**
CITY-ST-ZIP **ITASCA IL 60143**

TITLE **D** ☐ DELETE

NAME **HAYASHI, HIDEYUKI**
STREET ADDRESS **555 TAXTER RD.**
CITY-ST-ZIP **ELMSFORD NY 10523**

TITLE **D** ☐ DELETE

NAME **MCGRATH, THOMAS E JR.**
STREET ADDRESS **555 TAXTER RD.**
CITY-ST-ZIP **ELMSFORD NY 10523**

TITLE **T** ☐ DELETE

NAME **TANAKA, NOBORU**
STREET ADDRESS **555 TAXTER RD.**
CITY-ST-ZIP **ELMSFORD NY 10523**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DS** ☐ Change ☒ Addition

1.2 NAME **F. Herbert Prem Jr.**
1.3 STREET ADDRESS **200 Park Avenue**
1.4 CITY-ST-ZIP **New York, NY 10166**

2.1 TITLE **DAS** ☐ Change ☒ Addition

2.2 NAME **Jonathan E. File**
2.3 STREET ADDRESS **555 Taxter Rd.**
2.4 CITY-ST-ZIP **Elmsford, NY 10523**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan E. File, Asst. Sec. 1/12/99 914-789-8100

Date

Daytime Phone #

CR2E034 (1/98)