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FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P00373** (1)

1. Corporation Name
FUJI MEDICAL SYSTEMS U.S.A., INC.

Principal Place of Business	Mailing Address
333 LUDLOW STREET STAMFORD CT 06902	PO BOX 120035 STAMFORD CT 06912-0038 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1983

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 13-2531985 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☑ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	OKADA, M		1.2 NAME	NASU, TAKUSHI	
STREET ADDRESS	51 FOREST AVE UNIT 77		1.3 STREET ADDRESS	51 FOREST AVE UNIT 60	
CITY-ST-ZIP	OLD GREENWICH CT		1.4 CITY-ST-ZIP	OLD GREENWICH CT 06870	
TITLE	P	☑ DELETE	2.1 TITLE	V	☐ Change ☑ Addition
NAME	LESLIE, CHARLES J.		2.2 NAME	WEBER, JOHN	
STREET ADDRESS	837 HOLLOW TREE RIDGE RD		2.3 STREET ADDRESS	FIELD TERRACE	
CITY-ST-ZIP	DARIEN CT		2.4 CITY-ST-ZIP	IRVINGTON NY 10533	
TITLE	V	☑ DELETE	3.1 TITLE	V	☐ Change ☑ Addition
NAME	TAGGART, J A		3.2 NAME	GENOVESE, PAUL	
STREET ADDRESS	60 JOHNNY LANE		3.3 STREET ADDRESS	1 CANTERBURY ROAD SOUTH	
CITY-ST-ZIP	SOUTH HAMPTON NY		3.4 CITY-ST-ZIP	HARRISON NY 10528	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PREM, H		4.2 NAME		
STREET ADDRESS	200 PARK AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ 01/30/98 (203)353-0300