2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P00373** 1. Entity Name FUJIFILM MEDICAL SYSTEMS U.S.A., INC.

Country

FILE NOW!!! FEE IS \$150.00

TITLE

MAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

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City

Mailing Address

3. Mailing Address

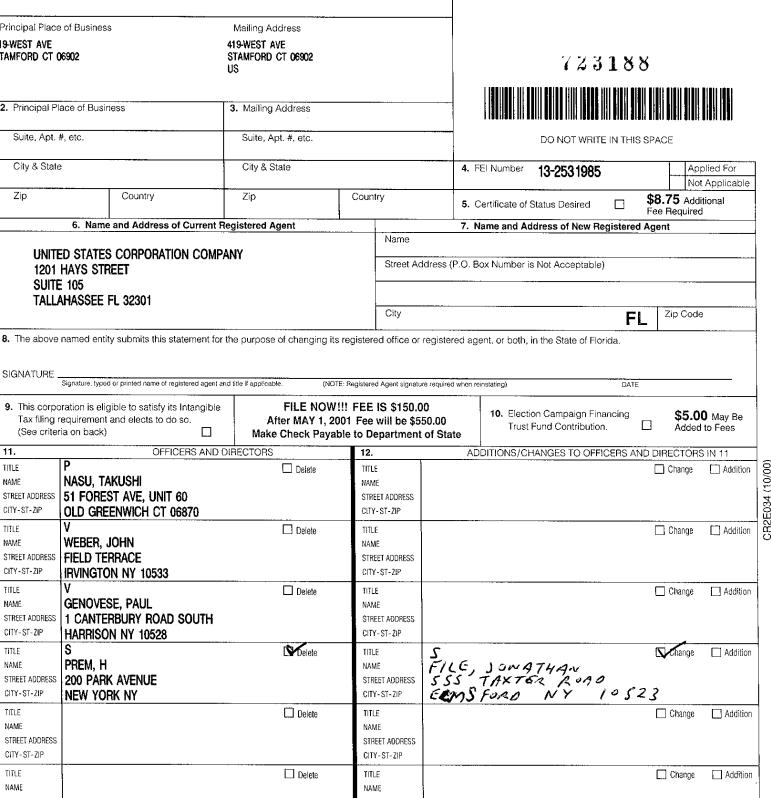
City & State

Zip

Suite, Apt. #, etc.

419-WEST AVE STAMFORD CT 06902 Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90067 013 ***150.00



13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Principal Place of Business

2. Principal Place of Business

1201 HAYS STREET

TALLAHASSEE FL 32301

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

NASU, TAKUSHI

Weber, John

FIELD TERRACE

IRVINGTON NY 10533

HARRISON NY 10528

200 PARK AVENUE

NEW YORK NY

GENOVESE, PAUL

PREM, H

51 FOREST AVE, UNIT 60

OLD GREENWICH CT 06870

1 CANTERBURY ROAD SOUTH

SUITE 105

(See criteria on back)

Country

UNITED STATES CORPORATION COMPANY

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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STAMFORD CT 06902