2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED AR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 2002 8:00 am Secretary of State DOCUMENT # P00373 1. Entity Name 05-10-2002 90004 023 ***150.00 FUJIFILM MEDICAL SYSTEMS U.S.A., INC. Principal Place of Business Mailing Address 419-WEST AVE 419-WEST AVE STAMFORD CT 06902 STAMFORD CT 06902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-2531985 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change Addition NAME NASU, TAKUSHI NAME STREET ADDRESS STREET ADDRESS 51-FOREST AVE, UNIT 60 CITY-ST-ZIP CITY-ST-ZIP OLD GREENWICH CT 06870 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME WEBER, JOHN STREET ADDRESS STREET ADDRESS FIELD TERRACE CITY-ST-7IP CITY-ST-7IE **IRVINGTON NY 10533** Delete ___Change_ ____Addition_ TITLE NAME NAME GENOVESE, PAUL STREET ADDRESS STREET ADDRESS 1 CANTERBURY ROAD SOUTH CITY-ST-ZIP CITY-ST-ZIF HARRISON NY 10528 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME FILE, JONATHAN STREET ADDRESS STREET ADDRESS 555 TAXTER ROAD CITY-ST-ZIP CITY-ST-ZIP **ELMSFORD NY 10523** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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)(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.

FILED

203-324-2000

Daytime Phone #