2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00373

FILED Apr 19, 2005 Secretary of State

Entity Name: FUJIFILM MEDICAL SYSTEMS U.S.A., INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
419-WEST STAMFOR	ΓAVE RD, CT 06902				
Current Mailing Address:			New Maili	New Mailing Address:	
419-WEST STAMFOR	TAVE RD, CT 06902	US			
FEI Number:	: 13-2531985	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS SUITE 105	SSTREET	ORATION COMPANY			
	named entity s of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE: BRIAN HI	GGINS FOR FUJIFILM MEDIC	AL SYSTEMS		
	Electron	ic Signature of Registered Age	ent	Date	
		B(2)(b), F.S., the corporation did no	t receive the prior notic	e.	
	S AND DIREC	rrust Fund Contribution(). 「ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () NASU, TAKUSH 51 FOREST AV OLD GREENWI	E, UNIT 60	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () NASU, TAKUSH 51 FOREST AV OLD GREENWI	E., UNIT 60	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () GENOVESE, PA 1 CANTERBUR' HARRISON, NY	Y ROAD SOUTH	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	S () FILE, JONATHA		Title: Name: Address:	S (X) Change () Addition FILE, JONATHAN	
Address: City-St-Zip:	555 TAXTER RO ELMSFORD, N		City-St-Zip:	200 SUMMIT LAKE DRIVE VALHALLA, NY 10595	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WEBER, SENIOR VP OPERATIONS MR. 04/19/2005