

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00373

FILED
Apr 27, 2012
Secretary of State

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

Current Principal Place of Business:

419 WEST AVENUE
STAMFORD, CT 06902

New Principal Place of Business:

Current Mailing Address:

200 SUMMIT LAKE DRIVE
ATTN: SHIGERU SANO
VALHALLA, NY 10595 US

New Mailing Address:

FUJIFILM HOLDINGS ATTN: SHIGERU SANO
200 SUMMIT LAKE DRIVE
VALHALLA, NY 10595 US

FEI Number: 13-2531985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: FUJITANI, NAOHIRO
Address: 419 WEST AVENUE
City-St-Zip: STAMFORD, CT 06902

Title: S
Name: SANO, SHIGERU
Address: 200 SUMMIT LAKE DRIVE
City-St-Zip: VALHALLA, NY 105951353

Title: T
Name: NAGASAWA, YUJIRO
Address: 419 WEST AVENUE
City-St-Zip: STAMFORD, CT 06902

Title: D
Name: HOSODA, RYUTARO
Address: 200 SUMMIT LAKE DRIVE
City-St-Zip: VALHALLA, NY 105951353

Title: D
Name: FUJITANI, NAOHIRO
Address: 419 WEST AVENUE
City-St-Zip: STAMFORD, CT 06902

Title: D
Name: TAMAI, KOICHI
Address: 7-3 AKASAKA 9-CHOME, MINATO-KU
City-St-Zip: TOKYO, JAPAN 107-0052,

I hereby 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 all other like empowered.

SIGNATURE: SHIGERU SANO

SECR

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date