

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90554 045 ***150.00

DOCUMENT # **P00373**

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



Principal Place of Business
**419-WEST AVE
STAMFORD CT 06902**

Mailing Address
**419-WEST AVE
STAMFORD CT 06902
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2531985**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NASU, TAKUSHI	
STREET ADDRESS	51 FOREST AVE, UNIT 60	
CITY-ST-ZIP	OLD GREENWICH CT 06870	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEBER, JOHN	
STREET ADDRESS	FIELD TERRACE	
CITY-ST-ZIP	IRVINGTON NY-10533	
TITLE	V	<input type="checkbox"/> Delete
NAME	GENOVESE, PAUL	
STREET ADDRESS	1 CANTERBURY ROAD SOUTH	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	S	<input type="checkbox"/> Delete
NAME	FILE, JONATHAN	
STREET ADDRESS	555 TAXTER ROAD	
CITY-ST-ZIP	ELMSFORD NY 10523	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tanaka, Yasuo	
STREET ADDRESS	555 Taxter Road	
CITY-ST-ZIP	Elmsford, NY 10523	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nasu, Takushi	
STREET ADDRESS	51 Forest Ave., Unit 60	
CITY-ST-ZIP	Old Greenwich, CT 06870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

John J. Weber

203-374-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)