FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 21, 2003 8:00 am **Secretary of State** P00373 DOCUMENT # 01-21-2003 90554 045 ***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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 13-253 1985 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete NASU. TAKUSHI NAME NAME 51 FOREST AVE, UNIT 60 STREET ADDRESS STREET ADDRESS OLD GREENWICH CT 06870 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE WEBER, JOHN NAME NAME FIELD TERRACE STREET ADDRESS STREET ADDRESS **IRVINGTON NY-10533** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete GENOVESE, PAUL NAME NAME 1 CANTERBURY ROAD SOUTH STREET ADDRESS STREET ADDRESS HARRISON NY 10528 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Change FILE, JONATHAN NAME NAME 555 TAXTER ROAD STREET ADDRESS STREET ADDRESS **ELMSFORD NY 10523** CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME

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 true employeed 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 th all other like empowered.

STREET ADDRESS

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STREET ADDRESS

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