

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05184 (7)

1. Corporation Name

OLYMPUS AMERICA INC.



Principal Place of Business

Mailing Address

~~4 NEVADA DRIVE~~  
~~MELVILLE NY 11042~~  
US

TWO CORPORATE CENTER DR  
MELVILLE, NY 11747  
US

2. Principal Place of Business

2a. Mailing Address

21 *Two Corporate Center Drive*

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State *Melville NY*

28 City & State

24 Zip *11747*

25 Country *U.S.*

29 Zip

30 Country

3. Date Incorporated or Qualified

03/04/1985

3a. Date of Last Report

08/11/1995

4. FEI Number

11-2416961

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE HALL CORP. SYS. INC  
1201 HAYS ST  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BRAGINSKY, SIDNEY  
STREET ADDRESS TWO CORPORATE CENTER DR  
CITY-ST-ZIP MELVILLE NY

TITLE S ☐ DELETE  
NAME SIEGEL, WALTER  
STREET ADDRESS TWO CORPORATE CENTER DR  
CITY-ST-ZIP MELVILLE NY

TITLE T ☐ DELETE  
NAME TAKEUCHI, YASUO  
STREET ADDRESS TWO CORPORATE CENTER DR  
CITY-ST-ZIP MELVILLE NY

TITLE D ☐ DELETE  
NAME LYNCH, JOHN  
STREET ADDRESS TWO CORPORATE CENTER DR  
CITY-ST-ZIP MELVILLE NY

TITLE D ☐ DELETE  
NAME OBSTEFELD, MICHAEL  
STREET ADDRESS TWO CORPORATE CENTER DRIVE  
CITY-ST-ZIP MELVILLE NY

TITLE D ☐ DELETE  
NAME OKUBO, MASAHARA  
STREET ADDRESS TWO CORPORATE CENTER DR  
CITY-ST-ZIP MELVILLE NY

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Yasuo Takeuchi*

1-29-96

Date

516844-5000

Daytime Phone

CR2E034 (12/95)