

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P05184** (7)

1. Corporation Name
OLYMPUS AMERICA INC.

Principal Place of Business TWO CORPORATE CENTER DR MELVILLE NY 11747 US	Mailing Address TWO CORPORATE CENTER DR MELVILLE NY 11747-3114 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1985		3a. Date of Last Report 03/04/1996	
21		26		4. FEI Number 11-2416961		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.1508, 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGINSKY, SIDNEY	1.2 NAME	
STREET ADDRESS	TWO CORPORATE CENTER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, WALTER	2.2 NAME	
STREET ADDRESS	TWO CORPORATE CENTER DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKEUCHI, YASUO	3.2 NAME	
STREET ADDRESS	TWO CORPORATE CENTER DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JOHN	4.2 NAME	
STREET ADDRESS	TWO CORPORATE CENTER DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBSTEFELD, MICHAEL	5.2 NAME	
STREET ADDRESS	TWO CORPORATE CENTER DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKUBO, MASAHAHA	6.2 NAME	
STREET ADDRESS	TWO CORPORATE CENTER DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	6.4 CITY - ST - ZIP	

14. I do 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 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

1/28/97

(516) 844-5000

Date

Daytime Phone #

CR2E034 (9/96)