

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90051 007 ***150.00

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1. Entity Name
KONICA MINOLTA PRINTING SOLUTIONS U.S.A., INC.



Principal Place of Business

ONE MAGNUM PASS
MOBILE, AL 36618

Mailing Address

ONE MAGNUM PASS
MOBILE, AL 36618

50006094



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0737870

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
BANDO, MASAO
ONE MAGNUM PASS
MOBILE, AL 36618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SENSUI, KIYOSHI
1201 MACARTHUR PLACE COURT
MOBILE, AL 36609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TAIKO, TOSHIMITSU
ONE MAGNUM PASS
MOBILE, AL 36618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HACK, BRYAN
ONE MAGNUM PASS
MOBILE, AL 36618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
GARNER, JAMES T
ONE MAGNUM PASS
MOBILE, AL 36618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FLETCHER, STEPHEN
ONE MAGNUM PASS
MOBILE, AL 36618

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #