2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P18245

1. Entity Name

KONICA MINOLTA PRINTING SOLUTIONS U.S.A., INC.



FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90361 012 ***150.00

Principal Place ONE MAGNUM MOBILE, AL	M PASS	3	ONE MAGNUM	Mailing Address ONE MAGNUM PASS MOBILE, AL 36618									
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.			Suite, Apt. #, etc.			041	12006	Chg-P	C	CR2E03	4 (11/05)	•	
City & State			City & State			I	El Number 63-07378	370				pplied For lot Applicable	
Zip		Country -	Zip·-	- Col	untry .			Status Desir		L F	ee Requir	Iditional ed	
	6. Name	and Address of Currer	nt Registered Agent		ļ	7. N	ame and A	ddress of N	ew Regis	stered Ag	gent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					Name Street Address (P.O. Box Number is Not Acceptable)								
					City					FL	Zip Co	de	
	named entity ions of regist	y submits this statement ered agent.	for the purpose of cha	anging its registe	ered office or	registered age	ent, or both,	in the State	of Florida	ı. tam fa	mitiar with	, and accept	
SIGNATURE_	Signature, typed	or printed name of registered age	nt and title if applicable.	(NOTE: Registe	ered Agent signati	ure required when rei	nstating)			ĐATE			
		FEE IS \$150.00 6 Fee will be \$550		n Campaign Fin	• -	\$5.00 M Added to F							
AILGI MI	ay 1, 2000	D Fee Will De \$330	1.00 Hoser	und dontinoution		Added to F	965						
10.		OFFICERS AN	D DIRECTORS	11		ADO		HANGES TO	OFFICE	RS AND (DIRECTO	RS IN 11	
	ÇEO (OFFICERS AN		111	I. TLE	ADI CEO	DITIONS/C		OFFICE		DIRECTOR	·	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

251-673-4300

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 51-6 73 - 430 0 Daytime Phone #