

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90330 015 ***150.00

0645786 AT

DOCUMENT # P18245

1. Entity Name

MINOLTA-QMS, INC.



Principal Place of Business

ONE MAGNUM PASS
MOBILE AL 36618

Mailing Address

ONE MAGNUM PASS
MOBILE AL 36618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0737870

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME YAMANA, SHOEI
STREET ADDRESS ONE MAGNUM PASS
CITY-ST-ZIP MOBILE AL 36618

TITLE C ☒ Change ☐ Addition
NAME C
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME OKAMURA, HIDEKI
STREET ADDRESS 101 WILLIAMS DRIVE
CITY-ST-ZIP RAMSEY NJ 07446

TITLE Senior Vice President, Inc. ☐ Change ☒ Addition
NAME Kiyoshi Sensui
STREET ADDRESS 1201 MacArthur Place Court
CITY-ST-ZIP Mobile, AL 36609

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James T. Garner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

251-633-4300

Date

Daytime Phone #

CR2E034 (10/02)