

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90142 048 \*\*\*150.00

DOCUMENT # P24083

1. Corporation Name  
KONICA U.S.A., INC.

Principal Place of Business  
440 SYLVAN AVENUE  
ENGLEWOOD CLIFFS NJ 07632

Mailing Address  
440 SYLVAN AVENUE  
ENGLEWOOD CLIFFS NJ 07632

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1989

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

23-1492451

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

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

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SHUNPEI, IWANO	
STREET ADDRESS	440 SYLVAN AVE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, FRANK M.	
STREET ADDRESS	440 SYLVAN AVE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITESIDE, WILLIAM A, JR	
STREET ADDRESS	2000 MARKET ST., FL-10	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, RICHARD E.	
STREET ADDRESS	440 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAHN, MAURY	
STREET ADDRESS	440 SYLVAN AVENUE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINUTOLO, FRANK	
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE	
CITY-ST-ZIP	WAYNE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Striano	
1.3 STREET ADDRESS	440 Sylvan Avenue	
1.4 CITY-ST-ZIP	Englewood Cliffs NJ 07632	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Shaprio

4/8/99

201-568-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)