

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00373

Entity Name: FUJIFILM HEALTHCARE AMERICAS CORPORATION**Current Principal Place of Business:**1959 SUMMIT COMMERCE PARK
TWINSBURG, OH 44087**Current Mailing Address:**FUJIFILM HOLDINGS
200 SUMMIT LAKE DRIVE
VALHALLA, NY 10595 US**FEI Number:** 13-2531985**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	ASST. SECRETARY
Name	LEE, STEVE
Address	200 SUMMIT LAKE DRIVE
City-State-Zip:	VALHALLA NY 10595-1353

Title	TREASURER
Name	HIDERU, SATO
Address	200 SUMMIT LAKE DRIVE
City-State-Zip:	VALHALLA NY 10595

Title	DIRECTOR
Name	AKIYAMA, MASATAKA
Address	7-3 AKASAKA 9-CHOME MINATO-KU
City-State-Zip:	TOKYO 107-0052

Title	DIRECTOR
Name	YAMAMOTO, AKIO
Address	MIDTOWN WEST 7-3 AKASAKA 9- CHOME MINATO-KU
City-State-Zip:	TOKYO

Title	D
Name	IZAWA, HIDETOSHI
Address	81 HARTWELL AVE #300
City-State-Zip:	LEXINGTON MA 02421

Title	PCEO
Name	IZAWA, HIDETOSHI
Address	81 HARTWELL AVE #300
City-State-Zip:	LEXINGTON MA 02421

Title	C
Name	HIGUCHI, JUN
Address	200 SUMMIT LAKE DRIVE
City-State-Zip:	VALHALLA NY 10595

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVE LEE**ASSISTANT SECRETARY** 02/15/2022_____
Electronic Signature of Signing Officer/Director Detail_____
Date