

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **825374** (2)
1. Corporation Name
KONICA MEDICAL CORPORATION

95 FEB -8 AM 9:12

Principal Place of Business Mailing Address
411 NEWARK POMPTON TURNPIKE WAYNE NJ 07470

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/16/1970** 3a. Date of Last Report **02/25/1994**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

4. FEI Number **22-1913997** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	SUZUKI, SHIGERU
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE
CITY - ST - ZIP	WAYNE NJ 07470
TITLE	PD
NAME	MINUTOLO, FRANK
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE
CITY - ST - ZIP	WAYNE NJ 07470
TITLE	VT
NAME	NAKAO, NICK
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE
CITY - ST - ZIP	WAYNE NJ 07470
TITLE	SD
NAME	WHITESIDE, WILLIAM A JR.
STREET ADDRESS	2000 MARKET STREET, 10TH FLOOR
CITY - ST - ZIP	PHILADELPHIA PA 19103
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. 2 NAME	
1. 3 STREET ADDRESS	
1. 4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2 NAME	KEN NOZAKI
3. 3 STREET ADDRESS	411 NEWARK POMPTON TURNPIKE
3. 4 CITY - ST - ZIP	WAYNE, NJ 07470
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: **2-1-95** TELEPHONE: **201-633-1500**
DATE, TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)