

825374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

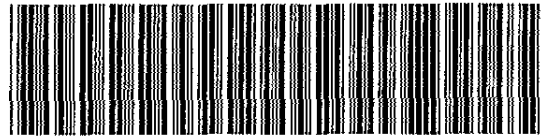
(Business Entity Name)

(Document Number)

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04 FEB -5 PM 2:03  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

C. Castellote FEB 05 2004



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 419987 4319660

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 35.00

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ORDER DATE : February 2, 2004

ORDER TIME : 10:25 AM

ORDER NO. : 419987-050

CUSTOMER NO: 4319660

CUSTOMER: Ms. Jennifer Wolbransky  
Fox Rothschild LLP  
10th Floor  
2000 Market Street  
Philadelphia, PA 191033291

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CHANGE OF AGENT

NAME: KONICA MINOLTA MEDICAL  
IMAGING U.S.A., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New Jersey in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KONICA MINOLTA MEDICAL IMAGING U.S.A., INC.

2. The principal office address: 411 Newark Pompton Turnpike, Wayne, NJ 07470

3. The mailing address (if different):

4. Date of incorporation/qualification: 11/16/1970 Document number: 825374

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] (Signature of an officer or director)

Kevin Scott Secretary (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

BY: [Signature] (Signature of Registered Agent)

2-4-04 (Date)

If signing on behalf of an entity:

Marva L. Williams (Typed or Printed Name)

Assistant Vice President (Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314