

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **825374** (2)

1. Corporation Name
KONICA MEDICAL CORPORATION



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

3. Date Incorporated or Qualified: **11/16/1970**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **22-1913997**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
25. Country: 25
30. Country: 30

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
85 Zip Code: **FL**

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of signature. (If the registered agent signature is required when registering, the date is required.)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SUZUKI, SHIGERU	
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE	
CITY - ST - ZIP	WAYNE NJ 07470	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MINUTOLO, FRANK	
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE	
CITY - ST - ZIP	WAYNE NJ 07470	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	NOZAKI, KEN	
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE	
CITY - ST - ZIP	WAYNE NJ	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITESIDE, WILLIAM A JR.	
STREET ADDRESS	2000 MARKET STREET, 10TH FLOOR	
CITY - ST - ZIP	PHILADELPHIA PA 19103	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JERRY LEIBOWITZ	
1.3 STREET ADDRESS	411 NEWARK POMPTON TURNPIKE	
1.4 CITY - ST - ZIP	WAYNE, NJ 07470	
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerry Leibowitz* **JERRY LEIBOWITZ** 4-29-96 201-633-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)