

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825374

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** KONICA MINOLTA MEDICAL IMAGING U.S.A., INC.

**Current Principal Place of Business:**

411 NEWARK POMPTON TURNPIKE  
WAYNE, NJ 07470

**New Principal Place of Business:**

**Current Mailing Address:**

411 NEWARK POMPTON TURNPIKE  
WAYNE, NJ 07470

**New Mailing Address:**

FEI Number: 22-1913997      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: TORU, HASEGAWA  
Address: 411 NEWARK POMPTON TURNPIKE  
City-St-Zip: WAYNE, NJ 07470

Title: PVTD  
Name: KOBAYASHI, KAZUHIRO  
Address: 411 NEWARK PANPTON TURNPIKE  
City-St-Zip: WAYNE, NJ 07470

Title: SD  
Name: SCOTT, KEVIN B  
Address: 2000 MARKET STREET, 20TH FLOOR  
City-St-Zip: PHILADELPHIA, PA 19103

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: KEVIN B. SCOTT

SD

04/26/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date