

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825374

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

**Current Principal Place of Business:**

411 NEWARK POMPTON TURNPIKE  
WAYNE, NJ 07470

**Current Mailing Address:**

411 NEWARK POMPTON TURNPIKE  
WAYNE, NJ 07470

**FEI Number: 22-1913997**

**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 CD  
Name HASEGAWA, TERRY  
Address 411 NEWARK POMPTON TURNPIKE  
City-State-Zip: WAYNE NJ 07470

Title PRESIDENT, DIRECTOR  
Name WIDMANN, DAVID  
Address 411 NEWARK PANPTON TURNPIKE  
City-State-Zip: WAYNE NJ 07470

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

Title TREASURER  
Name ICHIJO, KEISUKE  
Address 411 NEWARK POMPTON TURNPIKE  
City-State-Zip: WAYNE NJ 07470

*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 SCOTT**

**SECRETARY**

**06/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date