

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 07470-6657

3. Date Incorporated or Qualified **11/16/1970** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
22-1913997

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SUZUKI, SHIGERU	
STREET ADDRESS	411 NEWARK POMPTON TURNPIKE	
CITY - ST - ZIP	WAYNE NJ 07470	
TITLE	PD	<input checked="" 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	VP	<input type="checkbox"/> DELETE
NAME	LEIBOWITZ, JERRY,	
STREET ADDRESS	411 NEWARK POMPTON TURNPK	
CITY - ST - ZIP	WAYNE NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	THOMPSON, WAYNE
2.4 CITY - ST - ZIP	411 NEWARK POMPTON TURNPIKE WAYNE, NJ 07470
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 2-3-97 201-633-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002840

CR2E034 (9/96)