

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825374

Entity Name: KONICA MINOLTA HEALTHCARE AMERICAS, INC.

Current Principal Place of Business:

411 NEWARK POMPTON TURNPIKE
WAYNE, NJ 07470

Current Mailing Address:

411 NEWARK POMPTON TURNPIKE
WAYNE, NJ 07470 US

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

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

Title SECRETARY
Name CUPKA, BRIAN J
Address 411 NEWARK POMPTON TURNPIKE
City-State-Zip: WAYNE NJ 07470

Title TREASURER, EXECUTIVE VP,
DIRECTOR
Name AONO, KAZUHIRO
Address 411 NEWARK POMPTON TURNPIKE
City-State-Zip: WAYNE NJ 07470

Title DIRECTOR
Name KOBAYASHI, KAZUHIRO
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: BRIAN CUPKA

SECRETARY

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date