


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90025 011 \*\*\*550.00

**DOCUMENT # P23309**  
 1. Entity Name  
**KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC.**



Principal Place of Business  
**101 WILLIAMS DRIVE  
 RAMSEY, NJ 07446**

Mailing Address  
**101 WILLIAMS DRIVE  
 RAMSEY, NJ 07446**

**34064190**

2. Principal Place of Business  
**100 WILLIAMS DR**

3. Mailing Address  
**100 WILLIAMS DR**

Suite, Apt. #, etc.



07132004 Chg-P CR2E034 (10/03)

City & State  
**Ramsay NJ**

City & State  
**Ramsey NJ**

Zip  
**07446**

Country  
**USA**

Zip  
**07446**

Country  
**USA**

4. FEI Number  
**13-1921089**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC HANS ALLEN 101 WILLIAMS DR RAMSAY, NY 07446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD KURIBAYASHI, TADASHI 101 WILLIAMS DR RAMSEY, NJ 07446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES OKAMURA, HIDECKI 101 WILLIAMS DR RAMSEY, NJ 07446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP TANIUCHI, SHIGERHARV 101 WILLIAMS DR RAMSEY, NJ 07446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP KOCMOND, HOWARD 101 WILLIAMS DR RAMSEY, NJ 07446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SACTY UMHOEFER, SHARON 100 WILLIAMS DR RAMSAY NJ 07446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MATSUMOTO, YASUO 100 WILLIAMS DR RAMSAY NJ 07446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX-VIP MURPHY, JOSEPH M 100 WILLIAMS DR RAMSAY NJ 07446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX-VIP LEONCZYK MICHAEL 100 WILLIAMS DR RAMSAY NJ 07446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX-VIP FALORIS, JOHN K 100 WILLIAMS DR RAMSAY NJ 07446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **VPTD** **7/14/04** **(201) 934-5353**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #