

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P23309** (8)

1. Corporation Name  
**MINOLTA CORPORATION**



Principal Place of Business: **101 WILLIAMS DRIVE RAMSEY NJ 07446**  
Mailing Address: **101 WILLIAMS DRIVE RAMSEY NJ 07446**

3. Date Incorporated or Qualified: **03/07/1989**  
3a. Date of Last Report: **02/06/1995**  
4. FEI Number: **13-1920189**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
27  
City & State: 23  
28  
Zip: 24  
25  
Country: 29  
30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LYTTLE, CAROL, JR.	
STREET ADDRESS	200 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KUSUMOTO, SADAHEI	
STREET ADDRESS	101 WILLIAMS DR.	
CITY-ST-ZIP	RAMSEY NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TANIUCHI, SHIGR HARU	
STREET ADDRESS	101 WILLIAMS DR.	
CITY-ST-ZIP	RAMSEY NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOTO, KATUHIRO	
STREET ADDRESS	101 WILLIAMS DRIVE	
CITY-ST-ZIP	RAMSEY NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KUSADA, ATSUO	
STREET ADDRESS	101 WILLIAMS DR.	
CITY-ST-ZIP	RAMSEY NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FUJII, HIROSHI	
STREET ADDRESS	101 WILLIAMS DR.	
CITY-ST-ZIP	RAMSEY NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VIP, TREASURER, DRAGON
3.3 STREET ADDRESS	IKRUCHI, KO
3.4 CITY-ST-ZIP	101 WILLIAMS DR RAMSEY NJ 07446
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GOTO, KAZUHIRO
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sr VIP + CAN MGR.
5.3 STREET ADDRESS	YOKOTA, TADASHI
5.4 CITY-ST-ZIP	101 WILLIAMS DR RAMSEY NJ 07446
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: KO IKRUCHI 1/17/96 201-825-4000  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (12/95)