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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 # P23309 (8)

1. Corporation Name
MINOLTA CORPORATION

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

Mailing Address
**101 WILLIAMS DRIVE
 RAMSEY NJ 07446-1217**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1989		3a. Date of Last Report 01/25/1996	
21	22	26	27	4. FEI Number 13-1920189		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	24	25	28	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	

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			
				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	B5 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 _____ 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	BD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYTTL, CAROL, JR.	1.2 NAME	
STREET ADDRESS	200 PARK AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSUMOTO, SADAHEI	2.2 NAME	
STREET ADDRESS	101 WILLIAMS DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	RAMSEY NJ	2.4 CITY - ST - ZIP	
TITLE	VPTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IKEUCHI, KO	3.2 NAME	
STREET ADDRESS	101 WILLIAMS DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAMSEY NJ	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTO, KAZUHIRO	4.2 NAME	
STREET ADDRESS	101 WILLIAMS DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	RAMSEY NJ	4.4 CITY - ST - ZIP	
TITLE	VPGM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOKOTA, TADASHI	5.2 NAME	
STREET ADDRESS	101 WILLIAMS DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	RAMSEY NJ	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUJII, HIROSHI	6.2 NAME	
STREET ADDRESS	101 WILLIAMS DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	RAMSEY NJ	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: _____ **1/31/97** **201-825400**