FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:26

DOCUMENT # **P13835** **(4)**

1. Corporation Name
RICOH CORPORATION

Principal Place of Business	Mailing Address
5 DEDRICK PLACE. WEST CALDWELL NJ 07006	5 DEDRICK PLACE. WEST CALDWELL NJ 07006

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/30/1987
3a. Date of Last Report: 02/08/1994

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

4. FEI Number: 22-2783521 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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	S	1.1 TITLE	Vice Chairman and CEO	☐ Change ☒ Addition
NAME	POLUCKI, ROBERT	1.2 NAME	Hisao Yuasa	
STREET ADDRESS	5 DEDRICK PLACE	1.3 STREET ADDRESS	5 Dedrick Place	
CITY-ST-ZIP	W. CALDWELL NJ	1.4 CITY-ST-ZIP	W. Caldwell, NJ 07006	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	IVY, JAMES W	2.2 NAME		
STREET ADDRESS	5 DEDRICK PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	W. CALDWELL NJ	2.4 CITY-ST-ZIP		
TITLE	CD	3.1 TITLE		☐ Change ☐ Addition
NAME	KUBO, HISASHI	3.2 NAME		
STREET ADDRESS	5 DEDRICK PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	W. CALDWELL NJ	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	STEENBURGH, ERIC L	4.2 NAME		
STREET ADDRESS	5 DEDRICK PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	W. CALDWELL NJ	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	YOSHIDA, KATSUMI	5.2 NAME		
STREET ADDRESS	ONE RICOH SQ, 1100 VALENCIA AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TUSTIN CA	5.4 CITY-ST-ZIP		
TITLE	TVD	6.1 TITLE		☐ Change ☐ Addition
NAME	KOBAYASHI, ETSUO	6.2 NAME		
STREET ADDRESS	5 DEDRICK PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	W CALDWELL NJ	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)(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: Robert J. Polucki Secretary 1/12/95 201-882-2128
ROBERT J. POLUCKI (Signature and Typed or Printed Name of Signing Officer or Director) Date (Daytime Phone #)

0304337 FP