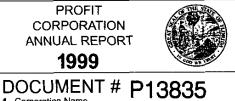
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90088 037 ***150.00

RICOH C	CORPORATION				
	1 D	Mailing Address		[1081/101/101/1010	
Principal Place		Mailing Address			
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				Date Incorporated or Qualifed	į
				03/30/1987	
2. Principal Pl	lace of Business	2a. Mailing Address			pplied For
21		26			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		# Contitue of Ctatus Desired	Additional
22		27			Required
City & State	е	City & State			May Be
23		28			to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	_₩ No
24	25		30	Personal Property Tax. Yes 10. Name and Address of New Registered Agent	32)140
	9. Name and Address of Curren	t Registered Agent	81 Name	To. Name and Address of New Registers Agent	
CT C	CORPORATION SYSTEM			·	
	S. PINE ISLAND ROAD		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	NTATION FL 33324		83		
,	TITALION I E GOOL I		00		
			84 City	FL `` `	Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statute	s, the above-named co	proporation submits this statement for the purpose of changing it	ts registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flor	ithorized by the corpora ida Statutes.	orporation submits this statement for the purpose of changing i ation's board of directors. I hereby accept the appointment as i	egistered
SIGNATURE		WOTE.	Desire and Agent pignature some	DATE	
	Signature, typed or printed name of registered ager		Registered Agent signature requ		ORS IN 12
12.	OFFICERS AN	and title if applicable. (NOTE:	13.	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change	
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14. I 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STAMFORD CT 06904

2/16/99

973/882-2128