FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 91165 024 ***150.00

DOCUMENT # P13835

1. Entity Name

Ricoh Corporation

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B0061977

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2. Principal Place of Business	3. Mailing Address
5 Dedrick Place	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Caldwell, NJ	City & State
Zip: 07006 Country: USA	Zip Country

4. FEI Number: 22-2783521 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Plantation, FL 33324

City: Plantation **FL** Zip Code: 33324

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.

SIGNATURE _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President & CEO (Director)
NAME	Katsumi Yoshida
STREET ADDRESS	5 Dedrick Place
CITY-ST-ZIP	W. Caldwell, NJ 07006
TITLE	James Ivy (Director)
NAME	President, Office Products Group
STREET ADDRESS	5 Dedrick Place
CITY-ST-ZIP	W. Caldwell, NJ 07006
TITLE	Kunihito Minakawa (Director)
NAME	Vice President & Treasurer
STREET ADDRESS	5 Dedrick Place
CITY-ST-ZIP	W. Caldwell, NJ 07006
TITLE	Secretary
NAME	Robert D. Polucki
STREET ADDRESS	5 Dedrick Place
CITY-ST-ZIP	W. Caldwell, NJ 07006
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert D. Polucki 3/20/02 (973) 882-2128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert D. Polucki, Secretary