

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90053 013 ***150.00

DOCUMENT # P13835

1. Entity Name
RICOH CORPORATION



Principal Place of Business
**5 DEDRICK PLACE
W. CALDWELL, NJ 07006**

Mailing Address
**5 DEDRICK PLACE
W. CALDWELL, NJ 07006**

40040000



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2783521

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	ICHIOKA, SUSUMU
STREET ADDRESS	5 DEDRICK PLACE
CITY-ST-ZIP	CALDWELL, NJ 07006
TITLE	D
NAME	GOTO, NORISHIA
STREET ADDRESS	2300 PARK LAKE DRIVE N.E.
CITY-ST-ZIP	ATLANTA, GA 30345
TITLE	CFOT
NAME	MINAKAWA, KUNIHITO
STREET ADDRESS	5 DEDRICK PLACE
CITY-ST-ZIP	W. CALDWELL, NJ 07006
TITLE	S
NAME	HANS, ALLEN
STREET ADDRESS	5 DEDRICK PLACE
CITY-ST-ZIP	CALDWELL, NJ 07006
TITLE	PD
NAME	SALIERNO, THOMAS JR
STREET ADDRESS	5 DEDRICK PLACE
CITY-ST-ZIP	WEST CALDWELL, NJ 07006
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

Allen A. Hans

3/7/2006

(973) 808-7693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #