FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90186 002 ***150.00

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DOCUMENT # P13835

1. Entity Name
Ricoh Corporation

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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

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

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	Chairman and CEO (& Director)
NAME	Katsumi Yoshida
STREET ADDRESS	5 Dedrick Place
CITY-ST-ZIP	W. Caldwell, NJ 07006
TITLE	Chief Financial Officer/Treas.
NAME	Kunihito Minakawa (& Director)
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	
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert D. Polucki, Secretary

3/14/03 Date (973) 882-2128 Daytime Phone #