

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001519

1. Entity Name  
CASIO, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90022 030 \*\*\*150.00

Principal Place of Business Mailing Address  
570 Mt. Pleasant Ave. 570 Mt. Pleasant Ave.  
Dover, NJ 07801 Dover, NJ 07801

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 11-2215214  
Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

Casio Outlet Store  
5265 International Drive  
Suite B  
Orlando, FL 32819

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PD	<input checked="" type="checkbox"/> Delete
NAME	McDonald, John J.	
STREET ADDRESS	570 Mt. Pleasant Ave.	
CITY-ST-ZIP	Dover, NJ 07801	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	Yamazaki, Zentaro	
STREET ADDRESS	570 Mt. Pleasant Ave.	
CITY-ST-ZIP	Dover, NJ-07801	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	Sato, Yuji	
STREET ADDRESS	570 Mt. Pleasant Ave.	
CITY-ST-ZIP	Dover, NJ 07801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Rado	
STREET ADDRESS	570 Mt. Pleasant Ave.	
CITY-ST-ZIP	Dover, NJ 07801	
TITLE	Vice President Corporate Strategies	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenji Kato	
STREET ADDRESS	570 Mt. Pleasant Ave.	
CITY-ST-ZIP	Dover, NJ 07801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive VP Marketing	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keita Irie	
STREET ADDRESS	570 Mt. Pleasant Ave.	
CITY-ST-ZIP	Dover, NJ 07801	
TITLE	Sr. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Clough	
STREET ADDRESS	570 Mt. Pleasant Ave.	
CITY-ST-ZIP	Dover, NJ 07801	
TITLE	Sr. VP Marketing	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward C. McNally, Jr.	
STREET ADDRESS	570 Mt. Pleasant Ave.	
CITY-ST-ZIP	Dover, NJ 07801	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

## SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)