

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90010 045 ***150.00

DOCUMENT # F93000001519	
1. Entity Name Casio, Inc.	

DO NOT WRITE IN THIS SPACE

54012206

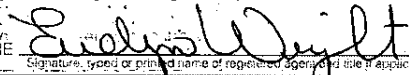
2. Principal Place of Business 570 MT. PLEASANT AVE.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State DOVER, NJ	City & State	4. FEI Number 11-2215214	Applied For ☐ Not Applicable
Zip 07801	Country US	Zip	Country
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 Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable)	
	1201 Hays Street	
	City Tallahassee	FL Zip Code 32301

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.

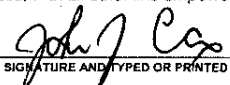
SIGNATURE  **Evelyn Wright/Authorized Rep** 02/10/2004
(NOTE: Registered Agent signature required when reissuing)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE VICEPRESIDENT	NAME UCHIYAMA, TOMOYUKI	TITLE	NAME
STREET ADDRESS 570 MT. PLEASANT AVE.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP DOVER, NJ 07801	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE PRESIDENT	NAME CLOUGH, JOHN	TITLE	NAME
STREET ADDRESS 570 MT. PLEASANT AVE.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP DOVER, NJ 07801	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE EXEC. VICE-PRESIDENT/ CFO	NAME COX, JOHN	TITLE	NAME
STREET ADDRESS 570 MT. PLEASANT AVE.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP DOVER, NJ 07801	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE EXEC. VICEPRESIDENT	NAME IRIE, KEITA	TITLE	NAME
STREET ADDRESS 570 MT. PLEASANT AVE.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP DOVER, NJ 07801	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VICE PRESIDENT	NAME ROBERTS, NEIL	TITLE	NAME
STREET ADDRESS 570 MT. PLEASANT AVE.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP DOVER, NJ 07801	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE SENIOR VICE PRESIDENT	NAME DILLON, JOHN	TITLE	NAME
STREET ADDRESS 570 MT. PLEASANT AVE.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP DOVER, NJ 07801	CITY-ST-ZIP	CITY-ST-ZIP	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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John J. Cox** 2-12-2004 973-361-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)