

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90022 030 ***150.00

DOCUMENT # **F93000001519**

1. Entity Name
CASIO, INC.

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 _____ 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)

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 NAME McDonald, John J. STREET ADDRESS 570 Mt. Pleasant Ave. CITY-ST-ZIP Dover, NJ 07801	<input checked="" type="checkbox"/> Delete
TITLE VTD NAME Yamazaki, Zentaro STREET ADDRESS 570 Mt. Pleasant Ave. CITY-ST-ZIP Dover, NJ-07801	<input checked="" type="checkbox"/> Delete
TITLE VSD NAME Sato, Yuji STREET ADDRESS 570 Mt. Pleasant Ave. CITY-ST-ZIP Dover, NJ 07801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President NAME Gary Rado STREET ADDRESS 570 Mt. Pleasant Ave. CITY-ST-ZIP Dover, NJ 07801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Vice President Corporate Strategies NAME Kenji Kato STREET ADDRESS 570 Mt. Pleasant Ave. CITY-ST-ZIP Dover, NJ 07801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Executive VP Marketing NAME Keita Irie STREET ADDRESS 570 Mt. Pleasant Ave. CITY-ST-ZIP Dover, NJ 07801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SR. VP NAME John Clough STREET ADDRESS 570 Mt. Pleasant Ave. CITY-ST-ZIP Dover, NJ 07801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Sr. VP Marketing NAME Edward C. McNally, Jr. STREET ADDRESS 570 Mt. Pleasant Ave. CITY-ST-ZIP Dover, NJ 07801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Gary Rado* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)