

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90003 031 ***150.00

CR12310 AT

DOCUMENT # F93000001519

1. Entity Name
CASIO, INC.

Principal Place of Business Mailing Address

570 MT. PLEASANT AVENUE **570 MT. PLEASANT AVENUE**
DOVER NJ 07801 **DOVER NJ 07801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For

11-2215214 Not Applicable

Zip Country Zip Country

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

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, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | RADO, GARY | |
| STREET ADDRESS | 570 MT. PLEASANT AVE. | |
| CITY-ST-ZIP | DOVER NJ 07801 | |
| TITLE | SVP | <input type="checkbox"/> Delete |
| NAME | CLOUGH, JOHN | |
| STREET ADDRESS | 570 MT. PLEASANT AVENUE | |
| CITY-ST-ZIP | DOVER NJ 07801 | |
| TITLE | EVP | <input type="checkbox"/> Delete |
| NAME | D'AGOSTINO, JOSEPH | |
| STREET ADDRESS | 570 MT. PLEASANT AVENUE | |
| CITY-ST-ZIP | DOVER NJ 07801 | |
| TITLE | EVPM | <input type="checkbox"/> Delete |
| NAME | IRIE, KEITA | |
| STREET ADDRESS | 570 MT. PLEASANT AVE | |
| CITY-ST-ZIP | DOVER NJ 07801 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | STRANG, JERRY | |
| STREET ADDRESS | 570 MT. PLEASANT AVENUE | |
| CITY-ST-ZIP | DOVER NJ 07801 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ROBERTS, NEIL | |
| STREET ADDRESS | 570 MT. PLEASANT AVENUE | |
| CITY-ST-ZIP | DOVER NJ 07801 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | EXECUTIVE VICE PRESIDENT / CFO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D'AGOSTINO, JOSEPA | |
| STREET ADDRESS | 570 MT. PLEASANT AVENUE | |
| CITY-ST-ZIP | DOVER, NJ 07801 | |
| TITLE | EXECUTIVE VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IRIE, KEITA | |
| STREET ADDRESS | 570 MT. PLEASANT AVENUE | |
| CITY-ST-ZIP | DOVER, NJ 07801 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Joseph D'Agostino **Executive Vice President / CFO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-15-02** Phone: **973-361-5400**

CR2E034 (9/01)