


**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.

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 Evelyn Wright/Authorized Rep 02/10/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

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**

10. OFFICERS AND DIRECTORS	
TITLE <u>VICEPRESIDENT</u> NAME <u>UCHIYAMA, TOMOYUKI</u> STREET ADDRESS <u>570 MT. PLEASANT AVE.</u> CITY-ST-ZIP <u>DOVER, NJ 07801</u>	TITLE ____ NAME ____ STREET ADDRESS ____ CITY-ST-ZIP ____
TITLE <u>PRESIDENT</u> NAME <u>CLOUGH, JOHN</u> STREET ADDRESS <u>570 MT. PLEASANT AVE.</u> CITY-ST-ZIP <u>DOVER, NJ 07801</u>	TITLE ____ NAME ____ STREET ADDRESS ____ CITY-ST-ZIP ____
TITLE <u>EXEC. VICE PRESIDENT/ CFO</u> NAME <u>COX, JOHN</u> STREET ADDRESS <u>570 MT. PLEASANT AVE.</u> CITY-ST-ZIP <u>DOVER, NJ 07801</u>	TITLE ____ NAME ____ STREET ADDRESS ____ CITY-ST-ZIP ____
TITLE <u>EXEC. VICE PRESIDENT</u> NAME <u>IRIE, KEITA</u> STREET ADDRESS <u>570 MT. PLEASANT AVE</u> CITY-ST-ZIP <u>DOVER, NJ 07801</u>	TITLE ____ NAME ____ STREET ADDRESS ____ CITY-ST-ZIP ____
TITLE <u>VICE PRESIDENT</u> NAME <u>ROBERTS, NEIL</u> STREET ADDRESS <u>570 MT. PLEASANT AVE.</u> CITY-ST-ZIP <u>DOVER, NJ 07801</u>	TITLE ____ NAME ____ STREET ADDRESS ____ CITY-ST-ZIP ____
TITLE <u>SENIOR VICE PRESIDENT</u> NAME <u>DILLON, JOHN</u> STREET ADDRESS <u>570 MT. PLEASANT AVE.</u> CITY-ST-ZIP <u>DOVER, NJ 07801</u>	TITLE ____ NAME ____ STREET ADDRESS ____ 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 John J. Cox 2-12-2004 973-361-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034B (12/02)