


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90195 021 ***150.00

DOCUMENT # F93000001519					
1. Entity Name CASIO, INC.					
Principal Place of Business 570 MT. PLEASANT AVE. DOVER, NJ 07801			Mailing Address 570 MT. PLEASANT AVENUE DOVER, NJ 07801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-2215214	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	UCHIYAMA, TOMOYUKI		NAME		
STREET ADDRESS	570 MT. PLEASANT AVE.		STREET ADDRESS		
CITY-ST-ZIP	DOVER, NJ 07801		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLOUGH, JOHN		NAME		
STREET ADDRESS	570 MT. PLEASANT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DOVER, NJ 07801		CITY-ST-ZIP		
TITLE	EVCF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COX, JOHN		NAME		
STREET ADDRESS	570 MT. PLEASANT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DOVER, NJ 07801		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IRIE, KEITA		NAME		
STREET ADDRESS	570 MT. PLEASANT AVE		STREET ADDRESS		
CITY-ST-ZIP	DOVER, NJ 07801		CITY-ST-ZIP		
TITLE	SRVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DILLON, JOHN		NAME		
STREET ADDRESS	570 MT. PLEASANT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DOVER, NJ 07801		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, NEIL		NAME		
STREET ADDRESS	570 MT. PLEASANT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DOVER, NJ 07801		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John Cox</i>			Date: 2/23/05 973-361-5400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		