


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90036 014 \*\*\*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		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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 checked="" type="checkbox"/> Delete	TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLOUGH, JOHN		NAME	Hideaki Terada	
STREET ADDRESS	570 MT. PLEASANT AVENUE		STREET ADDRESS	570 Mt. Pleasant Ave.	
CITY-ST-ZIP	DOVER, NJ 07801		CITY-ST-ZIP	Dover, NJ 07804	
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		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>John J Cox</u>		Date: <u>3/6/2006</u>		Daytime Phone #: <u>973-361-5400</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					