

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13835

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** RICOH AMERICAS CORPORATION

**Current Principal Place of Business:**

5 DEDRICK PLACE  
W. CALDWELL, NJ 07006

**New Principal Place of Business:**

**Current Mailing Address:**

5 DEDRICK PLACE  
W. CALDWELL, NJ 07006

**New Mailing Address:**

**FEI Number:** 22-2783521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CCEO  
**Name:** YOSHIDA, KATSUMI  
**Address:** 5 DEDRICK PLACE  
**City-St-Zip:** CALDWELL, NJ 07006

**Title:** CFOT  
**Name:** DISPENZIERE, DENNIS  
**Address:** 5 DEDRICK PLACE  
**City-St-Zip:** CALDWELL, NJ 07006

**Title:** CEOP  
**Name:** BRODIGAN, MARTIN  
**Address:** 5 DEDRICK PLACE  
**City-St-Zip:** W. CALDWELL, NJ 07006

**Title:** S  
**Name:** HANS, ALLEN  
**Address:** 5 DEDRICK PLACE  
**City-St-Zip:** CALDWELL, NJ 07006

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ALLEN A. HANS

S

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date