


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90053 014 ***150.00

DOCUMENT # P30439	
1. Entity Name RICOH CUSTOMER FINANCE CORP.	

Principal Place of Business 333 LUDLOW ST STAMFORD, CT 06902 US	Mailing Address 333 LUDLOW ST STAMFORD, CT 06902 US
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2. Principal Place of Business 5 Dedrick Place	3. Mailing Address 5 Dedrick Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State West Caldwell, NJ 07006	City & State W. Caldwell, NJ 07006
Zip 07006	Country USA



03072006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1158840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

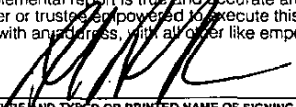
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALIERNO, THOMAS 333 LUDLOW ST STAMFORD, CT 06904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o Ricoh Corporation, 5 Dedrick Place W. Caldwell, NJ 07006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SAPERSTEIN, JANIS 333 LUDLOW ST STAMFORD, CT 06904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer, Director c/o Ricoh Corporation, 5 Dedrick Place West Caldwell, NJ 07006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOUGH, RUSSELL 333 LUDLOW ST STAMFORD, CT 06904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o Ricoh Corporation, 5 Dedrick Place West Caldwell, NJ 07006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Allen A. Hans Ricoh Corporation, 5 Dedrick Pl. W. Caldwell, NJ 07006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Allen A. Hans** **Secretary** (978) 808-7693

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