

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 04, 2010
Secretary of State

Entity Name: ASSOCIATES OF CAPE COD, INC.

Current Principal Place of Business:

124 BERNARD E SAINT JEAN DR
EAST FALMOUTH, MA 02536

New Principal Place of Business:

Current Mailing Address:

124 BERNARD E SAINT JEAN DR
EAST FALMOUTH, MA 02536

New Mailing Address:

FEI Number: 04-2511505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: C
Name: DESTEFANO, PAUL
Address: 275 MIDDLEFIELD ROAD, SUITE 100
City-St-Zip: MENLO PARK, CA 94025

Title: PD
Name: MEUSE, A.J. PH.D
Address: 124 BERNARD E SAINT JEAN DR
City-St-Zip: EAST FALMOUTH, MA 02536

Title: D
Name: HARASHIMA, SHINJI
Address: TOSEI BUILDING 39, KANDA HIGASHIMATSUSHITA
City-St-Zip: TOKYO, JAPAN, XX XX

Title: COO
Name: SKINNER, ALISON PH.D
Address: 124 BERNARD E SAINT JEAN DR
City-St-Zip: EAST FALMOUTH, MA 02536

Title: T
Name: KELLER, FRANK E
Address: 124 BERNARD E SAINT JEAN DR
City-St-Zip: EAST FALMOUTH, MA 02536

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: AJ MEUSE, PH.D.

CEO

03/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date