

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004665

FILED  
Jan 10, 2012  
Secretary of State

Entity Name: CECOL, INC.

**Current Principal Place of Business:**

14485 INDIGO LAKES CIRCLE  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

951 N. PLUM GROVE ROAD  
SUITE C  
SCHAUMBURG, IL 60173

**New Mailing Address:**

FEI Number: 95-4638284      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: DIRE  
Name: OSAMU, YAMADA MR  
Address: 951 N. PLUM GROVE ROAD, SUITE C  
City-St-Zip: SCHAUMBURG, IL 60173

Title: DIRE  
Name: SUGIKAWA, MASAYA MR  
Address: 951 N. PLUM GROVE ROAD, SUITE D  
City-St-Zip: SCHAUMBURG, IL 60173

Title: DIRE  
Name: KONDO, RYUZO MR  
Address: 1-21-1 KAMIKURECHI, FUJIYOSHIDA,  
City-St-Zip: FUJIYOSHIDA, YAMANASHI, JP 403-0001

Title: DIRE  
Name: WATANABE, TAKASHISA MR  
Address: 1-21-1 KAMIKURECHI, FUJIYOSHIDA,  
City-St-Zip: FUJIYOSHIDA, YAMANASHI, JP 403-0001

Title: PRES  
Name: YAMADA, OSAMU MR  
Address: 951 N PLUM GROVE RD SUITE C  
City-St-Zip: SCHAUMBURG, IL 60173

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: OSAMU YAMADA

PRES

01/10/2012

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

\_\_\_\_\_ Date