

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001613

**Entity Name:** ASSOCIATES OF CAPE COD, INC.

**Current Principal Place of Business:**

124 BERNARD E SAINT JEAN DR  
EAST FALMOUTH, MA 02536

**Current Mailing Address:**

124 BERNARD E SAINT JEAN DR  
EAST FALMOUTH, MA 02536

**FEI Number:** 04-2541505

**Certificate of Status Desired:** No

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 US

*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

**Officer/Director Detail :**

Title C  
Name DESTEFANO, PAUL  
Address 275 MIDDLEFIELD ROAD, SUITE 100  
City-State-Zip: MENLO PARK CA 94025

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

Title D  
Name KAWAKAMI, TAKESHI  
Address 6-1, MARUNOUCHI 1CHOME  
City-State-Zip: CHIYODAKU, TOKYO JAPAN 100-0005

Title D  
Name SEKI, HIROYUKI  
Address 6-1, MARUNOUCHI 1CHOME  
City-State-Zip: CHIYODAKU, TOKYO 100-0005 XX  
100-0-005

Title TREASURER  
Name STODDART, SCOTT  
Address 124 BERNARD E SAINT JEAN DR  
City-State-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:** A.J. MEUSE, PH.D.

**DIRECTOR**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date