

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004665

Entity Name: CECOL, INC.

**Current Principal Place of Business:**

5629 STRAND BLVD.  
SUITE 406  
NAPLES, FL 34110

**Current Mailing Address:**

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

FEI Number: 95-4638284

Certificate of Status Desired: Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIRE  
Name ONIKIRI, AKIRA MR  
Address 951 N. PLUM GROVE ROAD, SUITE C  
City-State-Zip: SCHAUMBURG IL 60173

Title DIRE  
Name KONDO, RYUZO MR  
Address 1-21-1 KAMIKURECHI, FUJIYOSHIDA,  
City-State-Zip: FUJIYOSHIDA, YAMANASHI 403-0-001

Title DIRE  
Name WATANABE, TAKASHISA MR  
Address 1-21-1 KAMIKURECHI, FUJIYOSHIDA,  
City-State-Zip: FUJIYOSHIDA, YAMANASHI 403-0-001

Title COO  
Name ONIKIRI, AKIRA  
Address 951 N PLUM GROVE RD SUITE C  
City-State-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: AKIRA ONIKIRI

COO

01/15/2014

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

\_\_\_\_\_  
Date