

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832457

FILED
Jan 23, 2010
Secretary of State

Entity Name: SASAKI ASSOCIATES, INC.

Current Principal Place of Business:

64 PLEASANT ST.
WATERTOWN, MA 02472 US

New Principal Place of Business:

Current Mailing Address:

64 PLEASANT ST.
WATERTOWN, MA 02472 US

New Mailing Address:

FEI Number: 04-2230445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: D
Name: SUKEFORTH, JAMES A SEC
Address: 7 APPLETON TERRACE
City-St-Zip: CAMBRIDGE, MA 02138 US

Title: P
Name: PIEPRZ, DENNIS PRES
Address: 30 UNION PARK STREET, UNIT #303
City-St-Zip: BOSTON, MA 02118 US

Title: D
Name: COONS, JOHN
Address: 13 MORNING GLORY
City-St-Zip: IRVINE, CA 92603

Title: D
Name: SUMNER FISKE, CROWELL
Address: 8 WALTHAM ROAD
City-St-Zip: WALTHAM, MA 01778

Title: D
Name: DYMECKI, DAVID J DIR
Address: 176 BENVENUE STREET
City-St-Zip: WELLESLEY, MA 02482 US

Title: D
Name: HAMWEY, STEPHEN E
Address: 32 PALL MALL
City-St-Zip: WALPOLE, MA 02032 US

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: STEVEN ROSCOE

CFO

01/23/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date