

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003350

Entity Name: ACCESS CLOSURE, INC.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

645 CLYDE AVE  
MOUNTAIN VIEW, CA 94043

**New Principal Place of Business:**

**Current Mailing Address:**

645 CLYDE AVE  
MOUNTAIN VIEW, CA 94043

**New Mailing Address:**

FEI Number: 32-0023763

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: CEO  
Name: CASCIARO, GREG D SR  
Address: 645 CLYDE AVE  
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: CFO  
Name: BUCKLEY, JOHN  
Address: 645 CLYDE AVE  
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: EVP  
Name: ALOYAN, SUSAN  
Address: 645 CLYDE AVE  
City-St-Zip: MOUNTAIN VIEW, CA 94043

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: JOHN BUCKLEY

CFO

04/11/2012

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

\_\_\_\_\_  
Date