

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25574

FILED
Feb 09, 2012
Secretary of State

Entity Name: TEIKYO FOUNDATION, INC.

Current Principal Place of Business:

TEIKYO UNIVERSITY, STUDY ABROAD CENTER
OTSUKA 359
HACHIOJI CITY, TO 192-0395 JA

New Principal Place of Business:

2-11-1, KAGA, ITABASHI-KU
TOKYO, TO 173-8605 JA

Current Mailing Address:

C/O M. CRAMPE, MORRISON & FOERSTER LLP
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104 US

New Mailing Address:

FEI Number: 59-2896682 **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 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

OFFICERS AND DIRECTORS:

Title: P-D
Name: OKINAGA, YOSHIHITO
Address: 2-11-1 KAGA, ITABASHI-KU
City-St-Zip: TOKYO, TO 173-8605 JA

Title: VP-D
Name: OKINAGA, SHOHACHI
Address: 2-11-1 KAGA, ITABASHI-KU
City-St-Zip: TOKYO, TO 173-8605 JA

Title: D
Name: NOJIMA, SHOSHICHI
Address: 2-11-1 KAGA, ITABASHI-KU
City-St-Zip: TOKYO, TO 173-8605 JA

Title: S
Name: CRAMPE, MICHIKO ITO
Address: MORRISON&FOERSTER 1290 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

Title: T
Name: OKADA, MITSUSHI
Address: 2-11-1, KAGA, ITABASHI-KU
City-St-Zip: TOKYO, TO 173-8605 JA

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHIKO ITO CRAMPE

SECY

02/09/2012

Electronic Signature of Signing Officer or Director

Date