2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000711

Entity Name: F.W. BRYCE, INC.

Current Principal Place of Business:

8 POND ROAD

GLOUCESTER, MA 01930

FILED May 13, 2020 **Secretary of State** 0267614277CC

Current Mailing Address:

8 POND ROAD

GLOUCESTER, MA 01930 US

FEI Number: 38-1313913 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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	DIRECTOR	Title	DIRECTOR
Name	SHINGO, HAMADA	Name	OLSEN, LARS
Address	8 POND ROAD	Address	8 POND ROAD

City-State-Zip: GLOUCESTER MA 01930 City-State-Zip: GLOUCESTER MA 01930

Title **TREASURER** Title **SECRETARY** Name KOZAKAI, KAZUO KOZAKAI, KAZUO Name

Address 15400 NORTHEAST 90TH STREET Address 15400 NORTHEAST 90TH STREET SUITE 100

SUITE 100

City-State-Zip: REDMOND WA 98052 REDMOND WA 98052 City-State-Zip:

Title **DIRECTOR** Title ASSISTANT SECRETARY

Name TAKAHASHI, SEJI MOORES, IAN WILFRED Name Address 8 POND ROAD 33 CRESCENT RD. S. Address

City-State-Zip: GLOUCESTER MA 01930 City-State-Zip: HAMILTON MA 01982

Title DIRECTOR Title DIRECTOR

Name MOORES, KEITH Name WARHOVER, STEVEN Address 71 FOREST ST. Address 128 ROGERS ST.

City-State-Zip: MANCHESTER MA 01930 City-State-Zip: GLOUCESTER MA 01930

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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.

05/13/2020 SIGNATURE: IAN WILFRED MOORES ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title PRESIDENT

Name MOORES, KEITH Address 71 FOREST ST.

City-State-Zip: MANCHESTER MA 01930