

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000711

**Entity Name:** F.W. BRYCE, INC.

**Current Principal Place of Business:**

8 POND RD  
GLOUCESTER, MA 01930

**Current Mailing Address:**

8 POND RD  
GLOUCESTER, MA 01930

**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            PRESIDENT, DIRECTOR  
Name            MOORES, KEITH  
Address        71 FOREST ST  
City-State-Zip: MANCHESTER MA 01945

Title            ASST. SECRETARY  
Name            MOORES, IAN WILFRED  
Address        33 CRESCENT RD. S  
City-State-Zip: HAMILTON MA 01982

Title            DIRECTOR  
Name            MATONO, AKIYO  
Address        15400 NE 90TH ST  
City-State-Zip: REDMOND WA 98073

Title            TREASURER, SECRETARY  
Name            HOSOKAWA, NOBUHIKO  
Address        15400 NE 90TH ST  
City-State-Zip: REDMOND WA 98073

Title            DIRECTOR  
Name            WARHOVER, STEVEN  
Address        128 ROGERS ST  
City-State-Zip: GLOUCESTER MA 01930

Title            DIRECTOR  
Name            HOSOMI, NORIO  
Address        15400 NE 90TH ST  
City-State-Zip: REDMOND WA 98073

*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: IAN WILFRED MOORES**

**ASSISTANT SECRETARY    04/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date