

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000001731

Entity Name: F.W. BRYCE, INC.**Current Principal Place of Business:**8 POND ROAD
GLOUCESTER, MA 01930**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:**C T CORPORATION SYSTEM
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
Name MOORES, KEITH
Address 8 POND ROAD
City-State-Zip: GLOUCESTER MA 01930

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

Title DIRECTOR
Name KOZAKAI, KAZUO
Address 8 POND ROAD
City-State-Zip: GLOUCESTER MA 01930

Title CHAIRMAN
Name ASAI, MASAhide
Address 15400 NE 90TH ST.
City-State-Zip: REMOND WA 98052

Title DIRECTOR
Name MOORES, KEITH
Address 8 POND ROAD
City-State-Zip: GLOUCESTER MA 01930

Title TREASURER
Name KOZAKAI, KAZUO
Address 15400 NE 90TH ST
City-State-Zip: REMOND WA 98052

Title DIRECTOR
Name OLSEN, LARS
Address 8 POND ROAD
City-State-Zip: GLOUCESTER MA 01930

Title DIRECTOR
Name KURAISHI, TERUTAKA
Address 15400 NE 90TH ST.
City-State-Zip: REMOND WA 98052

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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.

SIGNATURE: KERRY LEWIS**SECRETARY****04/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name LEWIS, KERRY
Address 8 POND ROAD
City-State-Zip: GLOUCESTER MA 01930

Title DIRECTOR
Name MATSUMOTO, TAKASHI
Address 15400 NE 90TH ST
City-State-Zip: REMOND WA 98052