

**2021 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 02972842  
Filing Number: 2111083846696  
Filing Date/Time: 11/08/2021 11:37 AM  
Effective Date/Time: 11/08/2021 11:37 AM



1. CORPORATION NAME:  
Lhee Electric Co, Inc.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR  
JOAN LHEE  
LHEE ELECTRIC CO INC  
14815 BUILD AMERICA DR  
WOODBIDGE, VA 22191-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
153-PRINCE WILLIAM COUNTY
4. STATE OR COUNTRY OF INCORPORATION:  
VA-Virginia

DUE DATE: **012/31/21**

SCC ID NO.: **0297284-2**

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 5,000

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 14815 BUILD AMERICA DRIVE       CITY/ST/ZIP WOODBRIDGE, VA 22191-0000	ADDRESS:       CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: JEFFRIES TONG LHEE TITLE: PRES/VP ADDRESS: 1099 SEAVIEW AVENUE CITY/ST/ZIP: WOODBRIDGE, VA 22191-0000	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0004495



I affirm that the information contained in this report is accurate and complete as of the date below.

Jeff Lhee  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Jeff Lhee Pres  
PRINTED NAME AND CORPORATE TITLE

11/2/21  
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

## 2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:

Lhee Electric Co, Inc.

DUE DATE: **012/31/21**

SCC ID NO.: **0297284-2**

**7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)**

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank:  <input checked="" type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JOAN LHEE                  TITLE: SEC/TREAS                  ADDRESS: 1099 SEAVIEW AVENUE                  CITY/ST/ZIP: WOODBRIDGE, VA 22191-0000</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
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