

**2017 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



217023742

1. CORPORATION NAME:

Feng - Tokyo Inc.

DUE DATE: 01/31/17

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.

HSIANG S. FENG
920 FAIRBORN CIRCLE
VIRGINIA BEACH, VA 23464

SCC ID NO.: 0760353-3

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

228-VIRGINIA BEACH CITY

4. STATE OR COUNTRY OF INCORPORATION:

VA-VIRGINIA

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

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" 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: 920 FAIRBORN CIRCLE	ADDRESS:
CITY/ST/ZIP VIRGINIA BEACH, VA 23464	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
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: HUEY MEEI FENG	NAME:
TITLE: VICE PRESIDENT	TITLE:
ADDRESS: 920 FAIRBORN CIRCLE	ADDRESS:
CITY/ST/ZIP: VIRGINIA BEACH, VA 23464	CITY/ST/ZIP:

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

Hsiang S. Feng
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

HUEY MEEI FENG V.P.
PRINTED NAME AND CORPORATE TITLE

1/7/17
DATE

CORPORATION NAME:
Feng - Tokyo Inc.

DUE DATE: 01/31/17
SCC ID NO.: 0760353-3

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: HSIANG S. FENG TITLE: DIRECTOR ADDRESS: 920 FAIRBORN CIRCLE CITY/ST/ZIP: VIRGINIA BEACH, VA 23464</p>	<p>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>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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