2018 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

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STATE CORPO	RATION COMMISS	ION	
. CORPORATION NAME:			
Feng - Tokyo Inc.		DUE DATE: 01/3	31/18
2. VA REGISTERED AGENT NAME AND OFFICE ADDRE	ESS: DIR.	SCC ID NO.: 076	0353-3
HSIANG S. FENG 920 FAIRBORN CIRCLE VIRGINIA BEACH, VA 23464		5. STOCK INFOR	r-
		CLASS	AUTHORIZED
3. CITY OR COUNTY OF VA REGISTERED OFFICE: 228-VIRGINIA BEACH CITY		COMMON	1,000
I. STATE OR COUNTRY OF INCORPORATION: VA-VIRGINIA			
OO NOT ATTEMPT TO ALTER THE INFORMATION ABorint in black only. B. PRINCIPAL OFFICE ADDRESS:	OVE. Carefully rea	ad the enclosed inst	ructions. Type or
Mark this box if address shown below is correct	If the block to the left i address below.	s blank or contains incorrect d	ata please add or correct the
ADDRESS: 920 FAIRBORN CIRCLE	ADDRESS:		
CITY/ST/ZIP VIRGINIA BEACH, VA 23464	CITY/ST/ZIP		
	tors and principal officers	must be listed. as both a director and an o	officer.

Mark appropriate box unless area below is blank: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Information is correct ☐ Information is incorrect ☐ Delete information ☐ Correction ☐ Addition ☐ Replacement OFFICER X DIRECTOR X OFFICER | DIRECTOR | 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.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

2018 ANNUAL REPORT CONTINUED

CORPORATION NAME: Feng - Tokyo Inc.

DUE DATE:

01/31/18

SCC ID NO.: 0760353-3

All directors and principal officers must be listed.

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	An individual may be designated as both a director and an officer.
Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER DIRECTOR X	OFFICER DIRECTOR
NAME: HSIANG S. FENG	NAME:
TITLE: DIRECTOR	TITLE:
ADDRESS: 920 FAIRBORN CIRCLE	ADDRESS:
CITY/ST/ZIP: VIRGINIA BEACH, VA 23464	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER DIRECTOR	OFFICER DIRECTOR
NAME:	NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate
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Mark appropriate box unless area below is blank: Information is correct	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: OFFICER DIRECTOR NAME:

