

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000004709

1. Entity Name

FUTUREWEI TECHNOLOGIES, INC.



Principal Place of Business **500**
1700 ALMA DRIVE, SUITE 100-
PLANO TX 75075

Mailing Address **500**
1700 ALMA DRIVE, SUITE 100-
PLANO TX 75075



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

75-2923245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HONG, TIANFENG	
STREET ADDRESS	1700 ALMA DRIVE, SUITE 100	
CITY-ST-ZIP	PLANO TX 75075	
TITLE	D	<input type="checkbox"/> Delete
NAME	XU, WENWEI	
STREET ADDRESS	1700 ALMA DRIVE, SUITE 100	
CITY-ST-ZIP	PLANO TX 75075	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIN, HAIBO	
STREET ADDRESS	1700 ALMA DRIVE, SUITE 100	
CITY-ST-ZIP	PLANO TX 75075	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHEN, GUANGXIAN	
STREET ADDRESS	1700 ALMA DRIVE, SUITE 100	
CITY-ST-ZIP	PLANO TX 75075	
TITLE	FM	<input type="checkbox"/> Delete
NAME	TSE, KAH	
STREET ADDRESS	1700 ALMA DRIVE, SUITE 100	
CITY-ST-ZIP	PLANO TX 75075	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	000000916302 05/12/09-80023-001 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

Date

Daytime Phone #