2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004709

Address:

City-St-Zip:

1700 ALMA DRIVE, SUITE 100

PLANO, TX 75075

Entity Name: FUTUREWEI TECHNOLOGIES, INC.

FILED Jul 09, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1700 ALM. PLANO, T	A DRIVE, SUIT X 75075	E 100		
Current Mailing Address:			New Mailing Address:	
1700 ALMA DRIVE, SUITE 100 PLANO, TX 75075			1700 ALMA DRIVE, SUITE 500 PLANO, TX 75075	
FEI Number	: 75-2923245	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
155 OFFIC SUITE A TALLAHA The above	DE PLAZA DR. SSEE, FL 323 e named entity:		purpose of changing its registere	ed office or registered agent, or both
	e of Florida.			
SIGNATU		oio Cianaturo of Dogistorod Aa	ont	Data
		nic Signature of Registered Ag		Date
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	HONG, TIANFE	IVE, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	XU, WENWEI) Delete NVE, SUITE 100 075	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	LIN, HAIBO	Delete RIVE, SUITE 100 075	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CHEN, GUANG	IVE, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	FM ()) Delete	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TSE KAH FM 07/09/2009