

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214557359

1.) CORPORATION NAME:

**CANON VIRGINIA, INC.**

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOSEPH H LATCHUM JR  
WILLIAMS MULLEN 721 LAKEFRONT COMMONS  
STE 200, FOUNTAIN PLAZA THREE**

SCC ID NO: **02783777**

**NEWPORT NEWS, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NEWPORT NEWS CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12000 CANON BLVD

CITY/ST/ZIP: NEWPORT NEWS, VA 23606

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.

NAME:	TORU NISHIZAWA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	12000 CANON BLVD.		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

NAME:	JOHN R. BRIGGS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12000 CANON BLVD.		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

NAME:	AKIRA MACHIDA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12000 CANON BLVD.		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

NAME:	HIROKI SHIMIZU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12000 CANON BLVD.		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

NAME:	KUNIIHIKO TEDO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE CANON PARK		
CITY/ST/ZIP/CO:	MELVILLE, NY 11747		

NAME:	YOROKU ADACHI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	ONE CANON PARK		
CITY/ST/ZIP/CO:	MELVILLE, NY 11747		

NAME: SEYMOUR LIEBMAN TITLE: SECRETARY ADDRESS: ONE CANON PARK CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: HIROSHI SASAME TITLE: DIRECTOR ADDRESS: 30-2 SHIMOMARUKO 3-CHOME CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOHN R. BRIGGS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN R. BRIGGS, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/9/2015 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.