

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214535643

1.) CORPORATION NAME:

SEON SYSTEMS SALES INC.

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1871815**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: UNIT 111, 3B BURBIDGE STREET
BRITISH COLUMBIA V3K 7B2

CITY/ST/ZIP: COQUITLAM, Canada

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID TERENCE AKIYAMA	
TITLE:	PRESIDENT	
ADDRESS:	1313 E MAPLE STREET STE 231	
CITY/ST/ZIP/CO:	BELLINGHAM, WA 98225	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	OPINDER (TOM) GILL	
TITLE:	TREASURER	
ADDRESS:	UNIT 111 3B BURBIDGE STREET	
CITY/ST/ZIP/CO:	COQUITLAM,BC,V3K 7,CANADA , , FN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	OPINDER (TOM) GILL	
TITLE:	SECRETARY	
ADDRESS:	UNIT 111 - 3 B BURBIDGE ST	
CITY/ST/ZIP/CO:	COQUITLAM,BC,V3K 7,CANADA , , FN	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES EDWIN BAIN	
TITLE:	DIRECTOR	
ADDRESS:	UNIT 111 - 3 B BURBIDGE ST	
CITY/ST/ZIP/CO:	COQUITLAM,BC,V3K 7,CANADA , , FN	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE DAVID GORDON	
TITLE:	DIRECTOR	
ADDRESS:	UNIT 111 - 3 B BURBIDGE ST	
CITY/ST/ZIP/CO:	COQUITLAM,BC,V3K 7,CANADA , , FN	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IAN RADZIEJEWSKI DIRECTOR UNIT 111 3B BURBIDGE STREET COQUITLAM,BC,V3K 7,CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEETER WESIK DIRECTOR UNIT 111 - 3 B BURBIDGE ST COQUITLAM,BC,V3K 7,CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID WESIK DIRECTOR UNIT 111 3B BURBIDGE STREET COQUITLAM,BC,V3K 7,CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ OPINDER (TOM) GILL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	OPINDER (TOM) GILL, TREASURER PRINTED NAME AND CORPORATE TITLE	7/16/2014 DATE	
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.			