

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 854323

(3)

1. Corporation Name

ANIXTER INC.

Principal Place of Business

**4711 GOLF ROAD
C/O TAX DEPT
SKOKIE IL 60076
US**

Mailing Address

**4711 GOLF ROAD
C/O TAX DEPT
SKOKIE IL 60076
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/08/1982

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

36-2361285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAMMEYER, ROD
STREET ADDRESS	4711 GOLF ROAD
CITY - ST - ZIP	SKOKIE IL
TITLE	S
NAME	DUL, JOHN
STREET ADDRESS	4711 GOLF ROAD
CITY - ST - ZIP	SKOKIE IL
TITLE	T
NAME	BURNS, KEVIN
STREET ADDRESS	4711 GOLF ROAD
CITY - ST - ZIP	SKOKIE IL
TITLE	V
NAME	SMITH, ALBERT E
STREET ADDRESS	4711 GOLF ROAD
CITY - ST - ZIP	SKOKIE, IL 00000
TITLE	D
NAME	DAMMEYER, ROD F.
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	ZELL, SAMUEL
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY - ST - ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	ROBERT GRUBBS	
1.3 STREET ADDRESS	4711 GOLF RD	
1.4 CITY - ST - ZIP	SKOKIE, IL 60076	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	V	☒ Change ☐ Addition
4.2 NAME	JAMES A. LONDON	
4.3 STREET ADDRESS	4711 GOLF RD	
4.4 CITY - ST - ZIP	SKOKIE, IL 60076	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	JAMES E. KNOX	
6.3 STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
6.4 CITY - ST - ZIP	CHICAGO IL 60606	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. DUL

Secretary

4/10/95

Date

Daytime Phone #