

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

36-2361285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD GRUBBS, ROBERT**
STREET ADDRESS **4711 GOLF ROAD**
CITY-ST-ZIP **SKOKIE IL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S DUL, JOHN**
STREET ADDRESS **4711 GOLF ROAD**
CITY-ST-ZIP **SKOKIE IL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **TVP LOUDON, JAMES**
STREET ADDRESS **4711 GOLF ROAD**
CITY-ST-ZIP **SKOKIE IL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **V.P. TREASURER**
3.3 STREET ADDRESS **LANZ, LISA**
3.4 CITY-ST-ZIP **4711 GOLF ROAD, SKOKIE, FL 60076**

TITLE ☐ DELETE
NAME **V MENO, PHIL**
STREET ADDRESS **4711 GOLF ROAD**
CITY-ST-ZIP **SKOKIE, IL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D DAMMEYER, ROD F.**
STREET ADDRESS **2 N. RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D KNOX, JAMES E**
STREET ADDRESS **2 NORTH RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address.

SIGNATURE: ☒

Philip F. Mena **Philip F. Mena**

4/26/98

847-715-2332

CR2E034 (10/97)