## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90237 027 \*\*\*150.00

DOCUI  1. Entity Nam  ANIXTER					C	94-19-2004 90	)237 027 ***150.0	00
Principal Place of Business 2301 PATRIOT BLVD. C/O TAX DEPT GLENVIEW, IL 60025 US		Mailing Address 2301 PATRIOT BLVD. C/O TAX DEPT GLENVIEW, IL 60025 US			54035024			
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address		]		)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072004	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FE! Number 36-2361	285	<del></del>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of New F	Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)				
			City	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del></del>	FL Zip Coo	e
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  On Trust Fund Contribution.								
Anton may 1, 2007 100 Will 50 000100								
TITLE NAME	PD GRUBBS, ROBERT	Delete	11. TITLE NAME		ADDITIONS/C	HANGES TO OFF	Change	Addition
STREET ADDRESS CITY-ST-ZIP	2301 PATRIOT BOULEVARD SKOKIE, IL		STREET ADDRES CITY-ST-ZIP	s				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUL, JOHN 2301 PATRIOT BOULEVARD GLENVIEW, IL 60025	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHOEMAKER, ROD 2301 PATRIOT BOULEVARD GLENVIEW, IL 60025	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENO, PHIL 2301 PATRIOT BOULEVARD GLENVIEW, IL 60025	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, JAMES 2301 PATRIOT BOULEVARD GLENVIEW, IL 60025	<b>⊠</b> Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	5 23	RECTOR NOUS I OI PATH ENVIEW	110+ BOU	LEUARS.	-₩ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	in the second se	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP				☐ Change	☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

224-521-837.