2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90671 030 ***150.00

DOCUMENT # 854323

1. Entity Name
ANIXTER INC.

70029521

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
4711 GOLF ROAD C/O TAX DEPT SKOKIE IL 60076 US	4711 GOLF ROAD C/O TAX DEPT SKOKIE IL 60076 US

2. Principal Place of Business	3. Mailing Address
2301 PATRIOT BLVD	2301 PATRIOT BLVD
Suite, Apt. #, etc. c/o TAX DEPT.	Suite, Apt. #, etc. c/o TAX DEPT
City & State GLENVIEW IL	City & State GLENVIEW IL
Zip 60025 Country	Zip 60025 Country

4. FEI Number 36-2361285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRUBBS, ROBERT 4711 GOLF ROAD SKOKIE IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2301 PATRIOT BOULEVARD GLENVIEW, IL 60025
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUL, JOHN 4711 GOLF ROAD SKOKIE IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2301 PATRIOT BOULEVARD GLENVIEW. IL 60025
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT SHOEMAKER, ROD 4711 GOLF ROAD SKOKIE IL 60076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2301 PATRIOT BOULEVARD GLENVIEW, IL 60025
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MENO, PHIL 4711 GOLF ROAD SKOKIE, IL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2301 PATRIOT BOULEVARD GLENVIEW, IL 60025
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNOX, JAMES 676 N MICHIGAN AVE CHICAGO IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2301 PATRIOT BOULEVARD GLENVIEW, IL 60025
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2301 PATRIOT BOULEVARD GLENVIEW, IL 60025

CR2E034 (10/02)

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: [signature] REQUIRED 3/13/03 224-521-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #