

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:19

DOCUMENT # 857810 (6)

1. Corporation Name
LEXA INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
**C/O AXEL JOHNSON INC
300 ATLANTIC ST
STAMFORD CT 06901
US** **300 ATLANTIC ST
C/O A JOHNSON & CO. INC
STAMFORD CT 06901
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/20/1983** 3a. Date of Last Report **04/12/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **13-5606337** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

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

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **30**

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
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** **65 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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (607) Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS	
TITLE	AS
NAME	MURPHY, CHARLES E
STREET ADDRESS	300 ATLANTIC ST, C/O AXEL JOHNSON
CITY ST ZIP	STAMFORD CT
TITLE	S
NAME	REYNOLDS, WILLIAM T.
STREET ADDRESS	300 ATLANTIC ST
CITY ST ZIP	STAMFORD CT
TITLE	VT
NAME	HARRIS, RICHARD M.
STREET ADDRESS	300 E 40TH ST #8T
CITY ST ZIP	NEW YORK NY
TITLE	DVC
NAME	ENNERFELT, P. GOERAN
STREET ADDRESS	S 103 75
CITY ST ZIP	STOCKHOLM, SWEDEN
TITLE	D
NAME	TURNER, WILLIAM I.M.
STREET ADDRESS	800 DORCHESTER BLVD. W
CITY ST ZIP	MONTREAL CANADA
TITLE	AT
NAME	PASCALE, JOHN C
STREET ADDRESS	300 ATLANTIC ST
CITY ST ZIP	STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Chairman of the Board, Pres. & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Antonia Ax:son Johnson
1.3 STREET ADDRESS	300 Atlantic Street, Stamford, CT 06902
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

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: *William T. Reynolds* **William T. Reynolds** **6/8/95** **203-326-5200**
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone #

CR2E034 (3/95)