

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006391

Entity Name: AXIOM FINANCIAL, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

361 EAST 1200 SOUTH, STE. 201
OREM, UT 84058

New Principal Place of Business:

Current Mailing Address:

3000 LEADENHALL ROAD
MAILSTOP LGL
MT LAUREL, NJ 08054

New Mailing Address:

FEI Number: 87-0567410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDWARDS, TERENCE
Address: 3000 LEADENHALL ROAD
City-St-Zip: MT. LAUREL, NJ 08054

Title: D () Delete
Name: WYSHNER, DAVID
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: P () Delete
Name: MORLEY, RODNEY
Address: 361 EAST 1200 SOUTH, STE. 201
City-St-Zip: OREM, UT 84058

Title: V () Delete
Name: HUBER, JOSEPH
Address: 1 CAMPUS DR.
City-St-Zip: PARSIPPANY, NJ 07054

Title: S () Delete
Name: BROWN, WILLIAM F
Address: 3000 LEADENHALL ROAD
City-St-Zip: MT. LAUREL, NJ 08054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F BROWN

S

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date