

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 18 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000006391**

1. Entity Name
Axiom Financial, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
361 East 1200 South

3. Mailing Address
3000 Leadenhall Road

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.
mailstop LGL

City & State
Orem, UT 84058

City & State
Mt. Laurel NJ 08054

4. FEI Number
87-0567410

Applied For
Not Applicable

Zip
84058

Country
USA

Zip
08054

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hayes Street

City
Tallahassee FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Terence Edwards 3000 Leadenhall Road Mt. Laurel, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Wyshner 1 Campus Drive Parsippany, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rodney Morley 361 East 1200 South Ste 201 Orem, UT 84058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Joseph Huber 1 Campus Drive Parsippany, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary William F. Brown 3000 Leadenhall Road Mt. Laurel, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100024808941 11/18/03--01065--020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William F. Brown SVP 11/03/03

Date Daytime Phone #

CR2E034B (12/02)

Axiom Financial, Inc
361 East 1200 South, Suite 201
Orem, UT 84058

AXIOM FINANCIAL, Inc.

November 11, 2003

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: UBR Report for Axiom Financial

Dear Sir or Madam:

Enclosed is a Uniform Business Report for Axiom Financial, Inc. FEIN # 87-0567410. Also enclosed is a check in the amount of \$150.00. I am requesting a waiver of the additional \$400.00 late fee due to the fact that the report was inadvertently sent to the wrong address and we never received the original request.

Please send clarification that this has been waived to my attention at the following address.

Axiom Financial, Inc.
3000 Leadenhall Road
Attention: Eileen Schemelia Mail Stop LGL
Mt. Laurel, NJ 08054

If you have any questions, please contact me at 856-917-0919.

Sincerely,



Eileen Schemelia
Licensing Administrator