

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006415

FILED
Apr 21, 2010
Secretary of State

Entity Name: AXIOM AUTOMOTIVE TECHNOLOGIES, INC.

Current Principal Place of Business:

7350 YOUNG DRIVE
WALTON HILLS, OH 44146

New Principal Place of Business:

Current Mailing Address:

7350 YOUNG DRIVE
WALTON HILLS, OH 44146

New Mailing Address:

FEI Number: 36-4175382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: P
Name: GYLLSTROM, GREG
Address: 7350 YOUNG DRIVE
City-St-Zip: CLEVELAND, OH 44146

Title: CHMN
Name: LINSALATA, FRANK N
Address: 5900 LANDERBROOK DRIVE, STE 280
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

Title: T
Name: MARSHALL, JEFFREY R
Address: 7350 YOUNG DRIVE
City-St-Zip: CLEVELAND, OH 44146

Title: D
Name: LINSALAT, FRANK N
Address: 5900 LANDERBROOK DRIVE, STE 280
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

Title: S
Name: MCKEE, THOMAS F
Address: 800 SUPERIOR AVE.
City-St-Zip: CLEVELAND, OH 44114

Title: D
Name: AHUJA, MONTE
Address: 7350 YOUNG DR.
City-St-Zip: WALTON HILLS, OH 44146

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY R. MARSHALL

TREA

04/21/2010

Electronic Signature of Signing Officer or Director

_____ Date