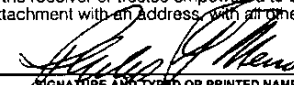
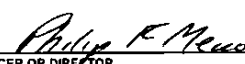


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90023 003 ***150.00

DOCUMENT # 854323 1. Entity Name ANIXTER INC.					
Principal Place of Business 2301 PATRIOT BLVD. C/O TAX DEPT GLENVIEW NAS, IL 60026 US				Mailing Address ATTN: EXPENSE P.O. BOX 278 MORTON GROVE, IL 60053-0278 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2301 PATRIOT BLVD. TAX DEPT. GLENVIEW IL 60026 USA		40055123 	
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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 2301 PATRIOT BOULEVARD GLENVIEW, IL 60026	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUL, JOHN 2301 PATRIOT BOULEVARD GLENVIEW, IL 60026	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHOEMAKER, ROD 2301 PATRIOT BOULEVARD GLENVIEW, IL 60026	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENO, PHIL 2301 PATRIOT BOULEVARD GLENVIEW, IL 60026	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LETHAM, DENNIS 2301 PATRIOT BOULEVARD GLENVIEW, IL 60026	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.					
SIGNATURE:   3/25/08 224-521-8332 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					