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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **857810** (6)

1. Corporation Name:
LEXA INTERNATIONAL CORPORATION

Principal Place of Business

**C/O AXEL JOHNSON INC
300 ATLANTIC ST
STAMFORD CT 06901
US**

Mailing Address

**C/O AXEL JOHNSON, INC.
300 ATLANTIC STREET, 7TH FLOOR
STAMFORD CT 06901-3540
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/20/1983

3a. Date of Last Report

09/18/1996

4. FEI Number

13-5606337

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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

81 Name

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

83

84 City

FL

85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	MURPHY, CHARLES E	
STREET ADDRESS	300 ATLANTIC ST, C/O AXEL JOHNSON	
CITY-ST-ZIP	STAMFORD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GATES, SIGNE S	
STREET ADDRESS	300 ATLANTIC ST	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HARRIS, RICHARD M.	
STREET ADDRESS	300 E 40TH ST #8T	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	ENNERFELT, P. GOERAN	
STREET ADDRESS	S 103 75	
CITY-ST-ZIP	STOCKHOLM, SWEDEN	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	JOHNSON, ANTONIA AX:SON	
STREET ADDRESS	S 103 75	
CITY-ST-ZIP	STOCKHOLM, SWEEDEN	
TITLE	AT	<input type="checkbox"/> DELETE
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William I.M. Turner	
1.3 STREET ADDRESS	800 Dorchester Blvd. W.	
1.4 CITY-ST-ZIP	Montreal, Canada	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sigie S. Gates* **Sigie S. Gates, Secretary** 1/17/97 203-386-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)