

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 857810**

1. Entity Name

**LEXA INTERNATIONAL CORPORATION****FILED****Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90123 037 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O AXEL JOHNSON INC  
300 ATLANTIC ST  
STAMFORD CT 06901  
USC/O AXEL JOHNSON, INC.  
300 ATLANTIC STREET, 7TH FLOOR  
STAMFORD CT 06901-3522  
US

00000101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**13-5606337**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete  
NAME MURPHY, CHARLES E  
STREET ADDRESS 300 ATLANTIC ST, C/O AXEL JOHNSON  
CITY-ST-ZIP STAMFORD CTTITLE Secretary ☐ Change ☒ Addition  
NAME Einar M. Rod  
STREET ADDRESS 300 Atlantic St., c/o Axel Johnson  
CITY-ST-ZIP Stamford, CT 06901TITLE S ☒ Delete  
NAME GATES, SIGNE S  
STREET ADDRESS 300 ATLANTIC ST  
CITY-ST-ZIP STAMFORD CTTITLE D/VP/Treasurer ☒ Change ☐ Addition  
NAME Richard M. Harris  
STREET ADDRESS 300 Atlantic St., c/o Axel Johnson  
CITY-ST-ZIP Stamford, CT 06901TITLE VT ☐ Delete  
NAME HARRIS, RICHARD M.  
STREET ADDRESS 300 E 40TH ST #8T  
CITY-ST-ZIP NEW YORK NYTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DVC ☐ Delete  
NAME ENNERFELT, P. GOERAN  
STREET ADDRESS S 103 75  
CITY-ST-ZIP STOCKHOLM, SWEDENTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DPC ☐ Delete  
NAME JOHNSON, ANTONIA AX:SON  
STREET ADDRESS S 103 75  
CITY-ST-ZIP STOCKHOLM, SWEEDENTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE AT ☐ Delete  
NAME PASCALE, JOHN C  
STREET ADDRESS 300 ATLANTIC ST  
CITY-ST-ZIP STAMFORD CTTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Einar M. Rod, Secretary

1/13/00

Date

203/326-5225

Daytime Phone #

CR2E034 (9/99)