

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003343

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** AXIS APPRAISAL MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

1299 FOURTH STREET STE 304  
SAN RAFAEL, CA 94901

**New Principal Place of Business:**

**Current Mailing Address:**

1537 FOURTH STREET STE 175  
SAN RAFAEL, CA 94901

**New Mailing Address:**

**FEI Number:** 35-2356207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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

**OFFICERS AND DIRECTORS:**

Title: CS  
Name: PEROTTI, KIMBERLY D  
Address: 1299 FOURTH STREET STE 304  
City-St-Zip: SAN RAFAEL, CA 94901

Title: VCP  
Name: SIMMONS, MICHAEL J  
Address: 1299 FOURTH STREET STE 304  
City-St-Zip: SAN RAFAEL, CA 94901

Title: DP  
Name: MILLER, JANETTE C  
Address: 1299 FOURTH STREET STE 304  
City-St-Zip: SAN RAFAEL, CA 94901

Title: DS  
Name: PEROTTI, NICHOL  
Address: 1299 FOURTH STREET STE 304  
City-St-Zip: SAN RAFAEL, CA 94901

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: KIMBERLY DAWN PEROTTI

CS

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date