

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000859 (7)

1. Corporation Name

ANICOM, INC.



Principal Place of Business

Mailing Address

1940 SOUTH CARBOY ROAD
MOUNT PROSPECT IL 60056

1940 SOUTH CARBOY ROAD
MOUNT PROSPECT IL 60056

3. Date Incorporated or Qualified
02/21/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 6375 HARVEY Rd

26 6133 N. River Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #106

27 450

City & State

City & State

23 TAMPA FL

28 ROSEMONT FL

Zip

Country

Zip

Country

24 33610

25 USA

29 60018

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

N/A

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 type for printed name of registered agent or director

(FEDT) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME ANIXTER, ALAN B
STREET ADDRESS 1940 SOUTH CARBOY RD.
CITY-ST-ZIP MOUNT PROSPECT IL

TITLE CD
NAME ANIXTER, SCOTT C
STREET ADDRESS 1940 SOUTH CARBOY RD.
CITY-ST-ZIP MOUNT PROSPECT IL

TITLE PD
NAME PUTNAM, CARL E
STREET ADDRESS 1940 SOUTH CARBOY RD.
CITY-ST-ZIP MOUNT PROSPECT IL

TITLE CFOD
NAME WELCHKO, DONALD C
STREET ADDRESS 1940 SOUTH CARBOY RD.
CITY-ST-ZIP MOUNT PROSPECT IL

TITLE V
NAME SWANSON, ROBERT L
STREET ADDRESS 1940 SOUTH CARBOY RD.
CITY-ST-ZIP MOUNT PROSPECT IL

TITLE S
NAME SHEVITZ, DAVID R
STREET ADDRESS 1940 SOUTH CARBOY RD.
CITY-ST-ZIP MOUNT PROSPECT IL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

6133 N. River Rd #410
ROSEMONT, IL 60018

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Swanson 7-24-96 8700

CR2E034 (3/96)