

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000859 (7)

1. Corporation Name
ANICOM, INC.

Principal Place of Business

6375 HARNEY ROAD
SUITE 106
TAMPA FL 33610
US

Mailing Address

6133 NORTH RIVER ROAD
SUITE 450
ROSEMONT IL 60018-5171
US

FILED
Aug 26 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1995
3a. Date of Last Report 07/30/1996

4. FEI Number 36-3885212
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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	CD	<input type="checkbox"/> DELETE
NAME	ANIXTER, ALAN B	
STREET ADDRESS	6133 NORTH RIVER ROAD #410	
CITY-ST-ZIP	ROSEMONT IL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ANIXTER, SCOTT C	
STREET ADDRESS	6133 NORTH RIVER ROAD #410	
CITY-ST-ZIP	ROSEMONT IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PUTNAM, CARL E	
STREET ADDRESS	6133 NORTH RIVER ROAD #410	
CITY-ST-ZIP	ROSEMONT IL	
TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	WELCHKO, DONALD C	
STREET ADDRESS	6133 NORTH RIVER ROAD #410	
CITY-ST-ZIP	ROSEMONT IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SWANSON, ROBERT L	
STREET ADDRESS	6133 N RIVER ROAD	
CITY-ST-ZIP	ROSEMONT IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHEVITZ, DAVID R	
STREET ADDRESS	6133 N RIVER ROAD	
CITY-ST-ZIP	ROSEMONT IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	500002279225 -08/28/97--01008--009 ***1100.00
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	PE 8-26
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	500002279225 -08/28/97--01008--009 ***1100.00
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	PE 8-26
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	500002279225 -08/28/97--01008--009 ***1100.00
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 unchanged, or on an attachment with an address.

SIGNATURE: