

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000000859

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 1000  
ROSEMONT IL 60018-5171  
US

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90070 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1995

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 the current year intangible  
Personal Property Tax.

Yes No

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 ☐ DELETE

NAME ANIXTER, ALAN B  
STREET ADDRESS 6133 NORTH RIVER ROAD #410  
CITY-ST-ZIP ROSEMONT IL

TITLE CD ☐ DELETE

NAME ANIXTER, SCOTT C  
STREET ADDRESS 6133 NORTH RIVER ROAD #410  
CITY-ST-ZIP ROSEMONT IL

TITLE PD ☐ DELETE

NAME PUTNAM, CARL E  
STREET ADDRESS 6133 NORTH RIVER ROAD #410  
CITY-ST-ZIP ROSEMONT IL

TITLE CFOD ☐ DELETE

NAME WELCHKO, DONALD C  
STREET ADDRESS 6133 NORTH RIVER ROAD #410  
CITY-ST-ZIP ROSEMONT IL

TITLE VP ☐ DELETE

NAME BANDIK, R  
STREET ADDRESS 6133 N RIVER RD 410  
CITY-ST-ZIP ROSEMONT IL 60018

TITLE S ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

BANDYK, R.

14. 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 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, with all other like empowered.

SIGNATURE:

ROBERTO A. PAPE

4-16-99

(847) 518-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)