

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000000859**

1. Entity Name

ANICOM, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90140 004 ***150.00

Principal Place of Business

Mailing Address

6375 HARNEY ROAD
SUITE 106
TAMPA FL 33610
US6133 NORTH RIVER ROAD
SUITE 1000
ROSEMONT IL 60018-5177
US**608947**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9203 - C King Palm Dr.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip
33619Country
US

Zip

Country

4. FEI Number **36-3885212**Applied For
Not Applicable5. 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

C T CORPORATION SYSTEM
1200 SOUTH 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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ANIXTER, ALAN B
6133 NORTH RIVER ROAD #410
ROSEMONT IL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ANIXTER, SCOTT C
6133 NORTH RIVER ROAD #410
ROSEMONT IL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PUTNAM, CARL E
6133 NORTH RIVER ROAD #410
ROSEMONT IL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOD
WELCHKO, DONALD C
6133 NORTH RIVER ROAD #410
ROSEMONT IL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BANDYK, R
6133 N RIVER RD 410
ROSEMONT IL 60018 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SHEVITZ, DAVID R
6133 N RIVER ROAD
ROSEMONT IL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Herbert Wander
6133 N River Rd
Rosemont IL 60018 ☐ Change ☒ Addition

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

Date

Daytime Phone #

(847) 518-8700