

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000004206

1. Entity Name
AXS-ONE, INC.



Principal Place of Business
**301 RT 17 N.
RUTHERFORD, NJ 07070**

Mailing Address
**301 RT 17 N.
RUTHERFORD, NJ 07070**

DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-2966911

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

**U000000105289
04/07/04-80018-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RADE, JOHN A
STREET ADDRESS	301 RT 17 N.
CITY - ST - ZIP	RUTHERFORD, NJ 07070
TITLE	V
NAME	TYPALDOS, ELIAS
STREET ADDRESS	301 RT 17 N.
CITY - ST - ZIP	RUTHERFORD, NJ 07070
TITLE	V
NAME	VENDOME, GENNARO
STREET ADDRESS	301 RT 17 N.
CITY - ST - ZIP	RUTHERFORD, NJ 07070
TITLE	VCFO
NAME	LEVERING, WILLIAM III
STREET ADDRESS	301 ROUTE 17 NORTH
CITY - ST - ZIP	RUTHERFORD, NJ 07070
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 10 or Block 11 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 #

3-19-04

201 935 3400