

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90341 015 ***150.00



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2966911

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
 2731 EXEU HUA PARK DRIVE
 WESTIN FL 33331

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. 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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LYONS, WILLIAM P	
STREET ADDRESS	301 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ 07070	
TITLE	V	<input type="checkbox"/> Delete
NAME	TYPALDOS, ELIAS	
STREET ADDRESS	301 RT 17 N.	
CITY-ST-ZIP	RUTHERFORD NJ 07070	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VENDOME, GENNARO	
STREET ADDRESS	301 RT 17 N.	
CITY-ST-ZIP	RUTHERFORD NJ 07070	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	DWYER, JOE	
STREET ADDRESS	301 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ 07070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Joseph P Dwyer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06 201 935-3400
 Date Daytime Phone #