

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90017 030 \*\*\*158.75

**DOCUMENT # F97000004743**

1. Entity Name  
**AXSYS, INC.**

Principal Place of Business

1111 HILLCREST ROAD  
210  
MOBILE AL 36695  
US

Mailing Address

PO BOX 850158  
MOBILE AL 36608  
US

2. Principal Place of Business

1205 HILLCREST CROSSING  
EAST

3. Mailing Address

1101 GULF BREEZE PKWY  
SUITE 1

City & State

MOBILE AL.

City & State

GULF BREEZE FL

4. FEI Number **63-0986148**

Applied For

Not Applicable

Zip **36695**

Country **USA**

Zip **32561**

Country **USA**

5. 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

CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION FL 33324

Name **FRANK A. BROWN**

Street Address (P.O. Box Number is Not Acceptable)  
**1101 GULF BREEZE PKWY SUITE 1**

City **GULF BREEZE**

FL

Zip Code **32561**

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 date of signature (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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. 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 **CPTD**  
NAME **REINER, RICHARD L**  
STREET ADDRESS **1111 HILLCREST ROAD**  
CITY-ST-ZIP **MOBILE AL 36695** ☒ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VSD**  
NAME **REINER, JEAN L**  
STREET ADDRESS **1111 HILLCREST ROAD**  
CITY-ST-ZIP **MOBILE AL 36695** ☒ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **FRANK A. BROWN**  
STREET ADDRESS **1101 GULF BREEZE PKWY SUITE 1**  
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**FRANK A. BROWN** 3/21/01 934-6444

Date

Daytime Phone #

CR2E034 (10/00)