2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700006041 Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** AXIA INCORPORATED (DE) 03-28-2000 90011 009 ***150.00 Principal Place of Business Mailing Address 100 W. 22ND ST., #134 100 W. 22ND ST., #134 LOMBARD IL 60148 LOMBARD IL 77002-5727 2. Principal Place of Business 3. Mailing Address 801 Travis Street 801 Travis Street Suite, Apt. #, etc. Suite 1400 Suite, Apt. #, etc. Suite 1400 DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEL Number City & State 13-3205251 Houston, Not Applicable Houston, Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 77002 77002 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE PDC ☐ Delete TITLE NAME ROSENTHAL, GARY L STREET ADDRESS 801 Travis Street, Suite 1400 STREET ADDRESS 8 GREENWAY PLAZA, STE 714 CITY-ST-ZIP CITY-ST-ZIP Houston, TX 77002 **HOUSTON TX 77046** ☐ Addition ☐ Delete TITLE TITLE NAME FEYE, LYLE J NAME STREET ADDRESS 801 Travis Street, Suite 1400 STREET ADDRESS 100 W. 22ND ST., #134 CITY-ST-7IP CITY-ST-7IP Houston, TX 77002 LOMBARD IL 60148 Addition Change VPD Delete TITLE Rheney, Susan O. REANEY, SUSAN O NAME NAME STREET ADDRESS STREET ADDRESS 8 GREENWAY PLAZA, STE 714 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77046** Addition Delete ☐ Change TITLE TITLE Roy, Robert P. NAME CARLSON, LARUE NAME 801 Travis Street, Suite 1400 STREET ADDRESS STREET ADDRESS 100 W 22ND ST, STE 134 CITY-ST-ZIP Houston, TX 77002 CITY-ST-ZIE LOMBARD IL 60148 TITLE ☐ Delete TITLE Change ☐ Addition Snyder, C. Byron NAME SBYDER, BYRON C NAME STREET ADDRESS STREET ADDRESS 1502 AUGUSTA, STE 425 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77057** Change ★ Addition TITLE Delete TITLE NAME NAME Woods, James D. STREET ADDRESS STREET ADDRESS 600 Travis Street, Suite 6602 CITY-ST-ZIP CITY-ST-ZIP Houston, TX 77002 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.

Lyle J. Feye

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Vice President

FILED

713-425-2150

Daytime Phone #