FILED

## 2002 Uniform Business Report (UBR)

Lyle J. Feye

SIGNATURE AND TYPE

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Mar 29, 2002 8:00 am DOCUMENT # F97000006041 Secretary of State 1. Entity Name 03-29-2002 91394 020 \*\*\*150 00 AXIA INCORPORATED (DE) Principal Place of Business Mailing Address 801 TRAVIS ST. STE#1400 801 TRAVIS ST. STE#1400 HOUSTON TX 77002 HOUSTON TX 77002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 13-3205251 Not Applicable Country Country \$8.75 Additional ≈5.- Certificate of Status Desired . ■ ---Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE **∡** Addition CR2E034 (9/01 ROSENTHAL, GARY L NAME NAME CWINNELL, JEFFREY R 801 TRAVIS ST. STE#1400 STREET ADDRESS STREET ADDRESS 801 TRAVIS ST STE 1400 HOUSTON TX 77002 **HOUSTON TX 77002** CITY-ST-ZIP CITY - ST- ZIP VT ☐ Delete TITLE TITLE Change Addition NAME FEYE, LYLE J NAME STREET ADDRESS 801 TRAVIS ST. STE#1400 STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP HOUSTON TX 77002 าทีเยี ☐ Delete TITLE Change ☐ Additioñ FISHBEIN, TERICHARD NAME NAME FISHBEIN, RICHARD T 200 PARK AVE STREET ADDRESS 200 PARK AVE STREET ADDRESS NEW YORK NY 10166 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10166** ☐ Delete TITLE Change ☐ Addition ROBERT, ROY P NAME NAME STREET ADDRESS 801 TRAVIS ST. STE#1400 STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77002 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STEIN, JONATHAN STEIN, JONATHAN NAME NAME STREET ADDRESS 200 PARK AVE STREET ADDRESS 200 PARK AVE CITY-ST-ZIP NEW YORK NY 10166 CITY-ST-ZIP NEW YORK NY 10166 TITLE Delete TIT1 F Change ■ Addition NAME NAME SCHAFLER, R SCOTT 200 PARK AVE STREET ADDRESS STREET ADDRESS NEW YORK NY 10166 CITY-ST-ZIP 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.