

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000004810**

1. Entity Name

AXIS, INC. OF ILLINOIS

Principal Place of Business

**2201 W. TOWNLINE RD
PEORIA IL 61615**

Mailing Address

**2201 W. TOWNLINE RD
PEORIA IL 61615**

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 **36-3521444**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(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

TITLE **CEOC** ☐ Delete
NAME **ADAMS, RAYMOND G**
STREET ADDRESS **7555 BALLINSHIRE N DR**
CITY-ST-ZIP **INDIANAPOLIS IN 46254**TITLE **S** ☐ Delete
NAME **ADAMS, RAYMOND G**
STREET ADDRESS **7555 BALLINSHIRE N DR**
CITY-ST-ZIP **INDIANAPOLIS IN 46254**TITLE **PD** ☐ Delete
NAME **SHANKAR, AJAY**
STREET ADDRESS **1121 W. AUSTIN DR**
CITY-ST-ZIP **PEORIA IL 61614**TITLE **D** ☐ Delete
NAME **CHAND, ROHIT**
STREET ADDRESS **B-19 DEFENSE COLONY**
CITY-ST-ZIP **NEW DELHI, INDIA 110024**TITLE **V** ☐ Delete
NAME **LAI, RABIN**
STREET ADDRESS **312 W. MORNINGSIDE**
CITY-ST-ZIP **PEORIA IL 61614**TITLE **CEOC** ☐ Delete
NAME **POTASIAK, PHILIP C**
STREET ADDRESS **8107 43RD AVE**
CITY-ST-ZIP **KENOSHA WI 53142**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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: *Philip C. Potasiak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01 309 691-3988
Date Daytime Phone #**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90591 003 ***150.00

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DO NOT WRITE IN THIS SPACE

058/956

CR2E034 (10/00)