

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000002083**

1. Entity Name

AXIOM INFORMATION TECHNOLOGY CORPORATION**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90074 028 ***158.75

911923

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

127 PEACHTREE ST., STE #308
ATLANTA GA 30303127 PEACHTREE ST., STE #308
ATLANTA GA 30303-1800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1474104

Applied For

Not Applicable

Zip

Country

Zip

Country

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****INTRA STATE REGISTERED AGENT CORPORATION**
701 BRICKELL AVE., STE 3000
MIAMI FL 33131

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCD			
	TAYLOR, ROBERT A	127 PEACHTREE ST., STE #308	ATLANTA GA	
	STD			
	TAYLOR, VICKI L	127 PEACHTREE ST., STE #308	ATLANTA GA	
	D			
	ALCORN, DOUGLAS J	4694-B PINECREST OFFICE PARK DR	ALEXANDRIA VA	
	D			
	DURRETTE, WYATT B	600 E MAIN ST 20TH FL	RICHMOND VA	
	D			
	HAAG, JOHN B	113 CLERMONT AVENUE	ALEXANDRIA VA	
	D			
	SAVOPOULOS, PHILIP S	3201 KENILWORTH AVENUE	BLADESBURG MD	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

1/27/00

Date

404-688-1400

Daytime Phone #