

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002083

FILED  
Mar 12, 2010  
Secretary of State

**Entity Name:** AXIOM INFORMATION TECHNOLOGY CORPORATION

**Current Principal Place of Business:**

3565 PIEDMONT RD, TWO PIEDMONT CTR  
SUITE 125  
ATLANTA, GA 30305

**New Principal Place of Business:**

**Current Mailing Address:**

3565 PIEDMONT RD, TWO PIEDMONT CTR  
SUITE 125  
ATLANTA, GA 30305

**New Mailing Address:**

3303 LENOX PLACE NE  
ATLANTA, GA 30324

**FEI Number:** 54-1474104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: TAYLOR, ROBERT A  
Address: 3565 PIEDMONT ROAD, SUITE 125  
City-St-Zip: ATLANTA, GA 30305

Title: STD  
Name: TAYLOR, VICKI L  
Address: 3565 PIEDMONT ROAD, SUITE 125  
City-St-Zip: ATLANTA, GA 30305

Title: D  
Name: HOUSE, ROGER A  
Address: 3303 LENOX PLACE NE  
City-St-Zip: ATLANTA, GA 30324

Title: D  
Name: HOUSE, JENNIFER H  
Address: 3303 LENOX PLACE NE  
City-St-Zip: ATLANTA, GA 30324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROGER A. HOUSE

D

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date