## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49744

**Current Mailing Address:** 

Entity Name: AXIOM RE, INC.

FILED Apr 25, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

940 GOLF HOUSE ROAD WEST
SUITE 300
STONEY CREEK, NC 27377

521 BOONE STATION DR
SUITE 101
BURLINGTON, NC 27215

BORLINGTON, NO 2721

940 GOLF HOUSE ROAD WEST
SUITE 300
STONEY CREEK, NC 27377

521 BOONE STATION DR
SUITE 101
BURLINGTON, NC 27215

FEI Number: 59-2926768 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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

**New Mailing Address:** 

## **OFFICERS AND DIRECTORS:**

Title: DF

Name: PENNY, J SCOTT

Address: 220 S RIDGEWOOD AVENUE City-St-Zip: DAYTONA BEACH, FL 32114

Title: VS

Name: GRAMMIG, LAUREL L

Address: 3101 W DR MARTIN LUTHER KING, SUITE 400

City-St-Zip: TAMPA, FL 33607

Title: V

Name: WALKER, CORY T

Address: 220 S RIDGEWOOD AVENUE City-St-Zip: DAYTONA BEACH, FL 32114

Title: CEO

Name: CROSS, MICHAEL S

Address: 521 BOONE STATION DR, SUITE 101

City-St-Zip: BURLINGTON, NC 27215

Title:

Name: SOTHEN, RICHARD M
Address: 220 S RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

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: LAUREL L GRAMMIG VS 04/25/2012