FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M35061 (4)

1. Corporation Name
AXIOM RESEARCH CORPORATION

Principal Place of Business	Mailing Address
5905 TRIANGLE DRIVE RALEIGH NC 27613-1742	5905 TRIANGLE DRIVE RALEIGH NC 27613-1742

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/11/1986
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 58-1691893 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25 Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CROLAND, LESLIE J.
SUN BANK BLDG., 12TH FLOOR
777 BRICKELL AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	JEFF P. SALMON	12 NAME	JEFF P. SALMON
STREET ADDRESS	3014 WYCLIFF RD.	13 STREET ADDRESS	10601 PONDEROSA ROAD
CITY-ST-ZIP	RALEIGH NC	14 CITY-ST-ZIP	WAKE FOREST, N.C. 27587
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	SALMON, ROBERT G	22 NAME	
STREET ADDRESS	88 STONERIDGE RD	23 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	RUBY M. MCKINNIE	32 NAME	
STREET ADDRESS	5825 TRIANGLE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PETTY, RICHARD	42 NAME	
STREET ADDRESS	RT 4 BOX 86	43 STREET ADDRESS	
CITY-ST-ZIP	RANDLEMAN NC	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HESTER,ERVIN	52 NAME	
STREET ADDRESS	2508 N DUKE ST.	53 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JOHN H. CARRINGTON	62 NAME	
STREET ADDRESS	14209 CROSSCREEK DR.	63 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert G. Salmon Jr. / ROBERT G. SALMON 4-28-95 919 556 7850
SIGNATURE AND TYPED OR PRINTED NAME OF MUNING OFFICER OR DIRECTOR — Date — Daytime Phone

0477877 FP