

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M35061

(4)

1. Corporation Name

AXIOM RESEARCH CORPORATION



Principal Place of Business

5905 TRIANGLE DRIVE
RALEIGH NC 27613-1742

Mailing Address

5905 TRIANGLE DRIVE
RALEIGH NC 27613-1742

3. Date Incorporated or Qualified
07/11/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SALMON, JEFF P.
STREET ADDRESS 10601 PONDEROSA RD.
CITY-STATE-ZIP WAKE FOREST NC

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE P
NAME SALMON, ROBERT G
STREET ADDRESS 88 STONERIDGE RD
CITY-STATE-ZIP DURHAM NC

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ST
NAME RUBY M. MCKINNIE
STREET ADDRESS 5825 TRIANGLE DRIVE
CITY-STATE-ZIP RALEIGH NC

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE D
NAME PETTY, RICHARD
STREET ADDRESS RT 4 BOX 88
CITY-STATE-ZIP RANDLEMAN NC

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE D
NAME HESTER, ERVIN
STREET ADDRESS 2508 N DUKE ST.
CITY-STATE-ZIP DURHAM NC

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE D
NAME JOHN H. CARRINGTON
STREET ADDRESS 14209 CROSSCREEK DR.
CITY-STATE-ZIP RALEIGH NC

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 919.556.7550
Secretary of State

CR2E034 (12/95)