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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 27613-4742



2. Principal Place of Business

21 10601 PONDEROSA RD
Suite, Apt. #, etc.

2a. Mailing Address

26 PO. BOX 1174
Suite, Apt. #, etc.

City & State

23 WAKE FOREST, NC.
Zip Country

City & State

28 WAKE FOREST, N.C.
Zip Country

24 27587 25 USA

29 27588 30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/11/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

58-1691893

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SALMON, JEFF P.	
STREET ADDRESS	10601 PONDEROSA RD.	
CITY-ST-ZIP	WAKE FOREST NC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SALMON, ROBERT G	
STREET ADDRESS	88 STONERIDGE RD	
CITY-ST-ZIP	DURHAM NC	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RUBY M. MCKINNIE	
STREET ADDRESS	5825 TRIANGLE DRIVE	
CITY-ST-ZIP	RALEIGH NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETTY, RICHARD	
STREET ADDRESS	RT 4 BOX 86	
CITY-ST-ZIP	RANDLEMAN NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HESTER, ERVIN	
STREET ADDRESS	2508 N DUKE ST.	
CITY-ST-ZIP	DURHAM NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHN H. CARRINGTON	
STREET ADDRESS	14209 CROSSCREEK DR.	
CITY-ST-ZIP	RALEIGH NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	RAY PAVENCHER
5.4 CITY-ST-ZIP	876 N. MAIN ST APT 109 WAKE FOREST, N.C. 27587
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, P* 2-31-97 919-5621158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)