

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M99000001682

1. Entity Name
AXA NETWORK, LLC



Principal Place of Business
4251 CRUMS MILL ROAD
HARRISBURG, PA 17112

Mailing Address
4251 CRUMS MILL ROAD
HARRISBURG, PA 17112



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1555494	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GREEN, JEFFREY
STREET ADDRESS	4251 CRUMS MILL ROAD
CITY-ST-ZIP	HARRISBURG, PA 17112
TITLE	MGR
NAME	MCMANON, ANDREW
STREET ADDRESS	1290 AVE. OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10104
TITLE	MGR
NAME	JONES, ROBERT
STREET ADDRESS	1290 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80091-014 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **JEFFREY Green** **1-5-07** **717526 7448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #