

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000009446

**FILED**  
**Aug 01, 2011**  
**Secretary of State**

**Entity Name:** AXIS CAPITAL MANAGEMENT INC.

**Current Principal Place of Business:**

701 BRICKELL AVE  
SUITE 2550  
MIAMI, FL 33131 US

**New Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

2121 PONCE DE LEON  
1050  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0725684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONSULTING SERVICES OF SOUTH FLORIDA  
2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: WILLIAMSON, CARLOS  
Address: 2121 PONCE DE LEON BLVD, STE 1050  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D  
Name: CANEDO WHITE, GUILLERMO  
Address: 2121 PONCE DE LEON BLVD, STE 1050  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V  
Name: GIL WHITE, GONZALO  
Address: 2121 PONCE DE LEON BLVD, STE 1050  
City-St-Zip: CORAL GABLES, FL 33134 US

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: CARLOS WILLIAMSON

PSTD

08/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date