

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003400

**Entity Name:** AXISPLUS BENEFITS CORPORATION

**Current Principal Place of Business:**

860 EAST 9085 SOUTH  
SANDY, UT 84093

**Current Mailing Address:**

860 EAST 9085 SOUTH  
SANDY, UT 84093 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

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

*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:** ELLIOT SCRUGGS

04/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE CHAIRMAN, PRESIDENT  
Name SUNDBERG, JODEE  
Address 860 EAST 9085 SOUTH  
City-State-Zip: SANDY UT 84093

Title VP, DIRECTOR  
Name SMITH, BARBARA  
Address 860 EAST 9085 SOUTH  
City-State-Zip: SANDY UT 84093

Title PRESIDENT/DIRECTOR  
Name SMITH, BARBARA  
Address 860 EAST 9085 SOUTH  
City-State-Zip: SANDY UT 84093

Title SECRETARY &  
TREASURER/DIRECTOR  
Name REX, SMITH  
Address 860 EAST 9085 SOUTH  
City-State-Zip: SANDY UT 84093

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JODEE SUNDBERG

PRESIDENT

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date