

2021 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: Yes

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: _____

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: BARBARA SMITH

PRESIDENT

04/01/2021

Electronic Signature of Signing Officer/Director Detail

Date