

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005186

**Entity Name:** AXIOM STAFFING GROUP INC.

**Current Principal Place of Business:**

2475 NORTHWINDS PARKWAY, SUITE 575  
ALPHARETTA, GA 30009

**Current Mailing Address:**

2475 NORTHWINDS PARKWAY  
SUITE 575  
ALPHARETTA, GA 30009 US

**FEI Number:** 58-2449544

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	S
Name	WASHBURNE, JOHN C	Name	KAY, ARCHIBALD B III
Address	200 TIFTON LANE	Address	2645 RIVERS ROAD
City-State-Zip:	ROSWELL GA 30075	City-State-Zip:	ATLANTA GA 30305
Title	T		
Name	KAY, ARCHIBALD B III		
Address	2645 RIVERS ROAD		
City-State-Zip:	ATLANTA GA 30305		

*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:** JOHN WASHBURNE

**PRESIDENT**

**04/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date