

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212516096

1.) CORPORATION NAME:

**Axel Johnson Inc.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1665613**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 155 SPRING STREET, 6TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10012

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL D MILLIGAN		
TITLE:	P/CEO		
ADDRESS:	C/O AXEL JOHNSON INC 2410 OLD IVY ROAD CHARLOTTESVILLE, VA 22903		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BEN J HENNELLY		
TITLE:	EVP/CFO/AST S/T		
ADDRESS:	C/O AXEL JOHNSON INC. 155 SPRING STREET, 6TH FLOOR NEW YORK, NY 10012		
CITY/ST/ZIP/CO:			

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALEXANDRA MORNER		
TITLE:	DIRECTOR		
ADDRESS:	C/O AXEL JOHNSON INC 1 LANDMARK SQ STE 407 STAMFORD, CT 06901		
CITY/ST/ZIP/CO:			

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NICHOLAS K BROOKES		
TITLE:	DIRECTOR		
ADDRESS:	C/O AXEL JOHNSON INC 1 LANDMARK SQUARE, SUITE 407 STAMFORD, CT 06901		
CITY/ST/ZIP/CO:			

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANTONIA AX:SON JOHNSON		
TITLE:	DIRECTOR		
ADDRESS:	C/O AXEL JOHNSON INC 1 LANDMARK SQ STE 407 STAMFORD, CT 06901		
CITY/ST/ZIP/CO:			

NAME: P. GORAN ENNERFELT TITLE: CHAIRMAN ADDRESS: C/O AXEL JOHNSON INC. 1 LANDMARK SQ., STE. 407 CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDERS G. CARLBERG TITLE: DIRECTOR ADDRESS: C/O AXEL JOHNSON INC. 1 LANDMARK SQ., STE. 407 CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALF GORANSSON TITLE: DIRECTOR ADDRESS: C/O AXEL JOHNSON INC. 1 LANDMARK SQ., STE. 407 CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN C. PASCALE TITLE: EVP - TAX ADDRESS: AXEL JOHNSON INC. 1 LANDMARK SQ., STE. 407 CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TIMOTHY P. GRIER TITLE: VP TAX ASSI SEC ADDRESS: AXEL JOHNSON INC. 1 LANDMARK SQ., STE. 407 CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TAMMANY A PATRICK TITLE: LEG ADM SECRETA ADDRESS: AXEL JOHNSON INC. 155 SPRING STREET, 6TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SALLY A SARSFIELD TITLE: VP FIN & ADMIN ADDRESS: AXEL JOHNSON INC. 155 SPRING STREET, 6TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TAMMY LASSITER TITLE: CONT & ASSI SEC ADDRESS: AXEL JOHNSON INC. 155 SPRING STREET, 6TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ TAMMANY APATRICK	TAMMANY APATRICK,	4/30/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		