

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214522678

1.) CORPORATION NAME:

Axel Johnson Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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, STE 300 CHARLOTTESVILLE, VA 22903		
CITY/ST/ZIP/CO:			

		<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 STAMFORD, CT 06901		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CLARE E. PEETERS		
TITLE:	VP, MD CORP DEV		
ADDRESS:	AXEL JOHNSON INC. 155 SPRING STREET, 6TH FLOOR NEW YORK, NY 10012		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SALLY A SARSFIELD		
TITLE:	CFO, VP, TREAS		
ADDRESS:	AXEL JOHNSON INC. 155 SPRING STREET, 6TH FLOOR NEW YORK, NY 10012		
CITY/ST/ZIP/CO:			

		<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 NEW YORK, NY 10012		
CITY/ST/ZIP/CO:			

NAME: P. GORAN ENNERFELT TITLE: CHAIRMAN ADDRESS: C/O AXEL JOHNSON INC. 155 SPRING STREET, 6TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10012	<input checked="" 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: 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: NICHOLAS K BROOKES TITLE: DIRECTOR ADDRESS: C/O AXEL JOHNSON INC 155 SPRING STREET, 6TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10012	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANDERS G. CARLBERG TITLE: DIRECTOR ADDRESS: C/O AXEL JOHNSON INC. 155 SPRING STREET, 6TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10012	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALF GORANSSON TITLE: DIRECTOR ADDRESS: C/O AXEL JOHNSON INC. 155 SPRING STREET, 6TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10012	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANTONIA AX:SON JOHNSON TITLE: DIRECTOR ADDRESS: C/O AXEL JOHNSON INC 155 SPRING STREET, 6TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10012	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALEXANDRA MORNER TITLE: DIRECTOR ADDRESS: C/O AXEL JOHNSON INC 155 SPRING STREET, 6TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10012	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: C. Peter Harris TITLE: VICE PRESIDENT ADDRESS: c/o Axel Johnson Inc. 2410 Old Ivy Road, Ste 300 CITY/ST/ZIP/CO: Charlottesville, VA 22903	<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 A PATRICK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TAMMANY A PATRICK, LEG ADM SECRETA PRINTED NAME AND CORPORATE TITLE
4/29/2014 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.