

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PH 9:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 166089

(3)

1. Corporation Name

BEKINS MOVING & STORAGE CO.

Principal Place of Business

**800 GRAND CENTRAL
GLENDALE CA 91201**

Mailing Address

**7500 E. McDONALD DR.
100A
SCOTTSDALE AZ 85032
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1951

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 330 S. Mannheim Rd.

2b. Mailing Address

26 330 S. Mannheim Rd.

4. FEI Number

59-0661517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

22 City & State

23 Hillside, IL

24 Zip

60162

25 Country

USA

27 City & State

28 Hillside, IL

29 Zip

60162

30 Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the address)

(If the registered agent is a corporation, the signature of the president or other officer is required)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WHEATON, ROBERT E
STREET ADDRESS	7500 E. McDONALD DR.
CITY, ST, ZIP	SCOTTSDALE AZ
TITLE	DVP
NAME	CLOUTIER, ROGER R
STREET ADDRESS	500 S. FIFTH STREET, SUITE 2500
CITY, ST, ZIP	MINNEAPOLIS MN
TITLE	T
NAME	WIESENAUER, ROGER P
STREET ADDRESS	7500 E. McDONALD DR.
CITY, ST, ZIP	SCOTTSDALE AZ
TITLE	DS
NAME	SEVERINSON, KENNETH J
STREET ADDRESS	500 S. FIFTH STREET, SUITE 2500
CITY, ST, ZIP	MINNEAPOLIS MN
TITLE	S
NAME	FARRELL, JIM
STREET ADDRESS	500 S. 5TH ST., #2500
CITY, ST, ZIP	MINNEAPOLIS MN
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DP	☒ Change ☐ Addition
2. NAME	Andrew G. Estoclet	
3. STREET ADDRESS	330 S. Mannheim	
4. CITY, ST, ZIP	Hillside, IL 60162	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE	T	☒ Change ☐ Addition
10. NAME	Dan L. Day	
11. STREET ADDRESS	330 S. Mannheim Road	
12. CITY, ST, ZIP	Hillside, IL 60162	
13. TITLE	S VP	☒ Change ☒ Addition
14. NAME	Scott Ogden	
15. STREET ADDRESS	330 S. Mannheim Road	
16. CITY, ST, ZIP	Hillside, IL 60162	
17. TITLE	D	☒ Change ☐ Addition
18. NAME	Jim Farrell	
19. STREET ADDRESS	500 S. 5th St., #2500	
20. CITY, ST, ZIP	Minneapolis, MN 55402	
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 in Block 12 or Block 13, as changed, or on an attachment, with an address.

SIGNATURE:

Dan L. Day 4/26/95 708-547-3128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (Signature (Typed Name))