

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

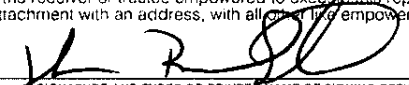
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10242008 Chg-P CR2E034 (12/06)

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| DOCUMENT # F06000004928                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                    |                                                            |         |                                                                              |
| 1. Entity Name<br>SCHNEIDER LOGISTICS INTERNATIONAL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                    |                                                            |                                                                                          |                                                                              |
| Principal Place of Business<br>2345 ALASKA AVE<br>EL SEGUNDO, CA 90245                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                    | Mailing Address<br>2345 ALASKA AVE<br>EL SEGUNDO, CA 90245 |                                                                                          |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                    | 3. Mailing Address                                         |                                                                                          |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                    | Suite, Apt. #, etc.                                        |                                                                                          |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                    | City & State                                               |                                                                                          |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country              | Zip                                                                                | Country                                                    | 4. FEI Number<br>95-3279086                                                              |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                    |                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                   |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                    |                                                            | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                                              |
| 6. Name and Address of Current Registered Agent<br>KESSLER, PAULA<br>THE LITIGATION BLDG 3RD FL<br>633 S ANDREWS AVE<br>FT LAUDERDALE, FL 33301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                    |                                                            | 7. Name and Address of New Registered Agent                                              |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                    |                                                            | Name                                                                                     |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                    |                                                            | Street Address (P.O. Box Number is Not Acceptable)                                       |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                    |                                                            | City                                                                                     |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                    |                                                            | FL Zip Code                                                                              |                                                                              |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                                            |                                                                                          |                                                                              |
| SIGNATURE _____ DATE _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                    |                                                            |                                                                                          |                                                                              |
| Amended AR is \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                            | \$5.00 May Be Added to Fees                                                              |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11      |                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D                    | <input checked="" type="checkbox"/> Delete                                         | TITLE                                                      | President                                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ESCOTT, THOMAS I     |                                                                                    | NAME                                                       | John E. Ferguson                                                                         |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3101 S PACKERLAND DR |                                                                                    | STREET ADDRESS                                             | 3101 S. Packerland Dr.                                                                   |                                                                              |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GREEN BAY, WI 54313  |                                                                                    | CITY ST ZIP                                                | Green Bay WI 54306                                                                       |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | P                    | <input checked="" type="checkbox"/> Delete                                         | TITLE                                                      | Secretary Treasurer                                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BARKER, RONALD S     |                                                                                    | NAME                                                       | John A. Brenholt                                                                         |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2345 ALASKA AVE      |                                                                                    | STREET ADDRESS                                             | 3101 S. Packerland Dr.                                                                   |                                                                              |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EL SEGUNDO, CA 90245 |                                                                                    | CITY ST ZIP                                                | Green Bay WI 54306                                                                       |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ST                   | <input checked="" type="checkbox"/> Delete                                         | TITLE                                                      | Director                                                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PANG, HYO            |                                                                                    | NAME                                                       | John J. Gross                                                                            |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2345 ALASKA AVE      |                                                                                    | STREET ADDRESS                                             | 3101 S. Packerland Dr.                                                                   |                                                                              |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EL SEGUNDO, CA 90245 |                                                                                    | CITY ST ZIP                                                | Green Bay WI 54306                                                                       |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | <input type="checkbox"/> Delete                                                    | TITLE                                                      |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                    | NAME                                                       |                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                    | STREET ADDRESS                                             |                                                                                          |                                                                              |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                    | CITY ST ZIP                                                |                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | <input type="checkbox"/> Delete                                                    | TITLE                                                      |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                    | NAME                                                       |                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                    | STREET ADDRESS                                             |                                                                                          |                                                                              |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                    | CITY ST ZIP                                                |                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | <input type="checkbox"/> Delete                                                    | TITLE                                                      |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                    | NAME                                                       |                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                    | STREET ADDRESS                                             |                                                                                          |                                                                              |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                    | CITY ST ZIP                                                |                                                                                          |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all power conferred. |                      |                                                                                    |                                                            |                                                                                          |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | John A. Brenholt                                                                   |                                                            | 11/17/08 920-392-2000                                                                    |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | Date                                                                               |                                                            | Daytime Phone #                                                                          |                                                                              |