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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006188 (6)

1. Corporation Name
NORTH AMERICAN VAN LINES, INC.



Principal Place of Business 5001 US HWY 30 WEST P.O. BOX 988 FORT WAYNE IN 46801-0988 US	Mailing Address 5001 US HWY 30 WEST P.O. BOX 988 FORT WAYNE IN 46801-0988 US
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 12/05/1994	3a. Date of Last Report 04/23/1996
4. FEI Number 52-1840893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROGAN, R A	1.2 NAME	
STREET ADDRESS	5001 U.S. HIGHWAY 30 WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILEWSKI, RONALD L	2.2 NAME	
STREET ADDRESS	5001 U.S. HIGHWAY 30 WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, GERALD A	3.2 NAME	
STREET ADDRESS	5001 U.S. HIGHWAY 30 WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNDAGEN, PETER M	4.2 NAME	
STREET ADDRESS	5001 U.S. HIGHWAY 30 WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODE, DAVID R	5.2 NAME	
STREET ADDRESS	3 COMMERCIAL PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURBYVILLE, JOHN R	6.2 NAME	D WOLF, HENRY C
STREET ADDRESS	3 COMMERCIAL PLACE	6.3 STREET ADDRESS	3 COMMERCIAL PLACE
CITY-ST-ZIP	NORFOLK VA	6.4 CITY-ST-ZIP	NORFOLK, VA

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **MARK MILLER** 4/4/97 (219) 429-3912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**NORTH AMERICAN VAN LINES, INC.
FLORIDA ANNUAL REPORT
1997**

ADDITIONAL OFFICERS:

Assistant Treasurer

**Mark D. Miller
5001 US Highway 30 West
Fort Wayne, IN**