


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 29 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 998 FORT WAYNE IN 46801-0988 US	Mailing Address 5001 US HWY 30 WEST P.O. BOX 998 FORT WAYNE IN 46801-0988 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1840893	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
					85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PCD BROGAN, R A	1.2 NAME	PCD UBER, R. BARRY
STREET ADDRESS	5001 U.S. HIGHWAY 30 WEST	1.3 STREET ADDRESS	5001 US HIGHWAY 30 WEST
CITY-ST-ZIP	FORT WAYNE IN	1.4 CITY-ST-ZIP	FORT WAYNE, IN 46818
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GOODE, DAVID R	5.2 NAME	D PIEPER, CHARLES
STREET ADDRESS	3 COMMERCIAL PLACE	5.3 STREET ADDRESS	375 PARK AVENUE
CITY-ST-ZIP	NORFOLK VA	5.4 CITY-ST-ZIP	NEW YORK, NY 10152
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WOLF, HENRY C	6.2 NAME	D CARPENTER, EDMUND
STREET ADDRESS	3 COMMERCIAL PLACE	6.3 STREET ADDRESS	375 PARK AVENUE
CITY-ST-ZIP	NORFOLK VA	6.4 CITY-ST-ZIP	NEW YORK, NY 10152

14. I 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: _____

CR2E034 (10/97)

North American Van Lines, Inc.
FEIN: 52-1840893
1998 Annual Report

Item 12. Additional Officers:

Assistant Treasurer	Miller, Mark 5001 US Highway 30 West Fort Wayne, IN 46818
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Item 12. Additional Directors:

Director	Conway, Kevin 375 Park Avenue New York, NY 10152
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