

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90241 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006188

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/05/1994	4. FEI Number 52-1840893	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

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

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	UBER, R B	1.2 NAME	
STREET ADDRESS	5001 U.S. HIGHWAY 30 WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN 46818	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNDAGEN, PETER M	4.2 NAME	VT
STREET ADDRESS	5001 U.S. HIGHWAY 30 WEST	4.3 STREET ADDRESS	MEEKS, BARRY C
CITY-ST-ZIP	FORT WAYNE IN	4.4 CITY-ST-ZIP	5001 US HIGHWAY 30 WEST FORT WAYNE IN 46818
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEPER, CHARLES	5.2 NAME	
STREET ADDRESS	375 PARK AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10152	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, EDMUND	6.2 NAME	
STREET ADDRESS	375 PARK AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10152	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: [Signature] **FRED MARK MILLER** 4/26/99 2194293797
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

537870-9024-38

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North American Van Lines, Inc.
FEI Number: 52-1840893
Florida Annual Report
1999

Additional Directors:

NAME	BUSINESS ADDRESS	
Robert G Dettmer	5001 US Hwy 30 W	Ft Wayne IN 46818
Darryl D Fry	Five Garrett Mountain Plaza	West Paterson NJ 07424
Kenneth E Homa	Georgetown University	Washington DC 20057
Charles P Pieper	375 Park Avenue	New York NY 10152
James W Rogers	5001 US Hwy 30 W	Ft Wayne IN 46818
R Barry Uber	5001 US Hwy 30 W	Ft Wayne IN 46818

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Additional Officer:

Title: Assistant Treasurer
Name: Mark Miller
Street Address: 5001 US Highway 30 West
Fort Wayne IN 46818