

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006188

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: NORTH AMERICAN VAN LINES, INC.

## Current Principal Place of Business:

5001 US HWY 30 WEST  
FORT WAYNE, IN 468010988 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 988  
FORT WAYNE, IN 468010988 US

## New Mailing Address:

FEI Number: 52-1840893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AT ( ) Delete  
Name: EJUPI, MICHAEL  
Address: 700 OAKMONT LANE  
City-St-Zip: WESTMONT, IL 60559

Title: CFO ( ) Delete  
Name: KIRKSEY, MICHAEL J  
Address: 700 OAKMONT LN.  
City-St-Zip: WESTMONT, IL 60559

Title: SV ( ) Delete  
Name: SPYTEK, ERYK J  
Address: 700 OAKMONT LN.  
City-St-Zip: WESTMONT, IL 60559

Title: VT ( ) Delete  
Name: GATHANY, DOUGLAS  
Address: 700 OAKMONT LN.  
City-St-Zip: WESTMONT, IL 60559

Title: PRES ( ) Delete  
Name: MCMAHON, MICHAEL B  
Address: 700 OAKMONT LN.  
City-St-Zip: WESTMONT, IL 60559

Title: CEO ( ) Delete  
Name: PICKFORD, KEVIN D  
Address: 700 OAKMONT LN.  
City-St-Zip: WESTMONT, IL 60559

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: TIEKEN, ROBERT W  
Address: 700 OAKMONT LANE  
City-St-Zip: WESTMONT, IL 60559

Title: PRES (X) Change ( ) Addition  
Name: WOLFE, MICHAEL T  
Address: 700 OAKMONT LN.  
City-St-Zip: WESTMONT, IL 60559

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: NEWBAUER, CHERYL  
Address: 5001 US HWY 30 WEST  
City-St-Zip: FORT WAYNE, IN 46818

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS V GATHANY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TREA

04/21/2008

\_\_\_\_\_ Date