

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006188

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** NORTH AMERICAN VAN LINES, INC.

**Current Principal Place of Business:**

5001 US HWY 30 WEST  
FORT WAYNE, IN 46818 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WOLFE, MICHAEL T  
Address: 700 OAKMONT LANE  
City-St-Zip: WESTMONT, IL 60559

Title: DIR  
Name: OBERDORF, THOMAS  
Address: 700 OAKMONT LN.  
City-St-Zip: WESTMONT, IL 60559

Title: SEC  
Name: KUS, SUSAN H  
Address: 5001 US HWY 30 W  
City-St-Zip: FORT WAYNE, IN 46818

Title: TREA  
Name: GATHANY, DOUGLAS  
Address: 700 OAKMONT LN.  
City-St-Zip: WESTMONT, IL 60559

Title: DIR  
Name: LUCAS, WES W  
Address: 700 OAKMONT LN.  
City-St-Zip: WESTMONT, IL 60559

Title: ATRE  
Name: CHESTER, GARY D  
Address: 700 OAKMONT LANE  
City-St-Zip: WESTMONT, IL 60559

I hereby 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 all other like empowered.

SIGNATURE: GARY D. CHESTER

ATRE

04/17/2012

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

\_\_\_\_\_ Date