

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90166 031 \*\*\*150.00

00045918



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F9600000063**

1. Entity Name  
**PENSKE LOGISTICS SUPPORT SERVICES, INC.**

Principal Place of Business: **RT 10 GREEN HILLS READING PA 19603**  
 Mailing Address: **RT 10 GREEN HILLS P.O. BOX 1321 READING PA 19603-1321 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

4. FEI Number: **34-1034007** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** Zip Code: \_\_\_\_\_

8. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>PCD</b> NAME: <b>HARD, BRIAN</b> STREET ADDRESS: <b>RT 10 GREEN HILLS</b> CITY-ST-ZIP: <b>READING PA</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>V</b> NAME: <b>AVTJOGLOU, ANDREAS</b> STREET ADDRESS: <b>RT 10 GREEN HILLS</b> CITY-ST-ZIP: <b>READING PA</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>S</b> NAME: <b>DUFF, MICHAEL A</b> STREET ADDRESS: <b>RT 10, GREEN HILLS</b> CITY-ST-ZIP: <b>READING PA</b>	<input type="checkbox"/> Delete	TITLE: <b>DIRECTOR &amp; SECRETARY</b> NAME: <b>MICHAEL A DUFF</b> STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>SRVP</b> NAME: <b>COCUZZA, FRANK</b> STREET ADDRESS: <b>RT 10 GREEN HILLS</b> CITY-ST-ZIP: <b>READING PA</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>ROSEN, JAMES A</b> STREET ADDRESS: <b>RT 10 GREEN HILLS</b> CITY-ST-ZIP: <b>READING PA</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>DIRECTOR</b> NAME: <b>MICHAEL A DUFF</b> STREET ADDRESS: <b>RT 10 GREEN HILLS</b> CITY-ST-ZIP: <b>READING PA 19607</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>T</b> NAME: <b>ANGELBECK, WAYNE S</b> STREET ADDRESS: <b>RT 10 GREEN HILLS</b> CITY-ST-ZIP: <b>READING PA</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne S. Angelbeck*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WAYNE ANGELBECK**  
**VICE PRESIDENT AND TREASURER**

Date: **4/26/01** Daytime Phone #: **610-775-6006**

10/00

CR2E034 (10/00)